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ABSTRACT

This report describes the activities and policies for the homeless of six states both before and after implementation of the Federal Stewart B. McKinney Homeless Assistance Act of 1987. The states covered are California, Connecticut, Georgia, New Mexico, Ohio, and Wisconsin. The following chapters are included: (1) "Introduction"; (2) "State Policy Development and Coordination," which includes information on State and non-government activities, and development of the comprehensive plan required by the McKinney Act; (3) "State Legislation and Funding Specifically Pertaining to Homelessness," which includes McKinney Act funding and information on each of the six states; (4) "Specific Program Areas," which include shelter, housing, food programs, health and mental health, income assistance, employment and training, education, and case management and coordination; (5) "Other McKinney Act Concerns," which include duplication of services, service gaps, and needed services, barriers to program development and service receipt, data collection, reports and studies, training and technical assistance, conferences and forums, and service standards; and (6) "Summary and Conclusions." Appendix A lists the people interviewed during site visits. Appendix B provides an interview guide for use during the visits. A list of 18 references is included. (WS)

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STATE ACTIVITIES AND PROGRAMS FOR THE HOMELESS: A REVIEW OF SIX STATES

September 28, 1988

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Project Report

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STATE ACTIVITIES AND PROGRAMS FOR THE HOMELESS: A REVIEW OF SIX STATES

September 28, 1988

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STATE ACTIVITIES AND PROGRAMS FOR THE HOMELESS: A REVIEW OF SIX STATES

I. INTRODUCTION

This report describes what six state governments are doing for the homeless. It includes state activities undertaken before and after July 1987, when passage of the Stewart B. McKinney Homeless Assistance Act of 1987 first made substantial amounts of federal money available to support services to the homeless. The study was conducted for the Interagency Council on the Homeless. The McKinney Act created the Council and charged it with reviewing the federal activities established by the Act, monitoring, evaluating and recommending improvements, and preparing annual reports.

The Council contracted with the Urban Institute to visit six states during July 1988 to learn about their activities and programs for the homeless, and about state utilization of McKinney Act funds. The states selected by the Council were California, Connecticut, Georgia, New Mexico, Ohio and Wisconsin. In addition to their geographical representativeness, the Council tried to include states that were active on national homeless task forces, or that had done a good deal with their own resources for the homeless. This report presents the result of that activity.

To get accurate and up-to-date information about state activities, state agency representatives and representatives of state-wide coalitions for the homeless were interviewed in each state, following a standardized interview protocol. In addition, researchers sought the local perspective on state and federal activity, and the ease or difficulty of developing needed services for the homeless from local providers and advocates in one city. These respondents were interviewed to get an understanding from the bottom up of what factors facilitated or blocked local action, access to funding, coordination, intergovernmental cooperation, and other issues. The cities selected were San Francisco, Hartford, Atlanta, Albuquerque, Cleveland and Milwaukee. Appendix A provides a list of persons interviewed in each state, and Appendix B gives the interview guide followed in all interviews.[1]

The remainder of this report covers the following information:

Description of the coordination mechanisms used by the different states visited, including the structure of state government and non-government state-level activities, and agencies responsible for McKinney programs;

Patterns of expenditures of state and federal funds for the homeless;

State activities in specific program areas, including shelter, housing, feeding programs, mental health, health, income maintenance, employment and training, education, and case management;

Perceptions from the local level, including relationships among levels of government and between government and private providers; and other McKinney Act concerns including service duplication, service gaps, barriers to service receipt and to program development, data collection, reports and studies, training and technical assistance, conferences and forums, and service standards.

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[1] The Interagency Council chose these six states with advice from the National Governors' Association and the Council of State Community Affairs Agencies. In each state except Ohio, contact was initially made with the state official who had lead responsibility for writing the state's Comprehensive Homeless Assistance Plan (CHAP), and retained some responsibility for coordinating the state's response to homelessness. In Ohio, where the CHAP was written by the Ohio Coalition for the Homeless, the initial contact was with the state government official with lead agency responsibilities. These contact persons supplied the names of other state government representatives who had responsibility for programs for the homeless, contacts in statewide coalitions of providers and advocates, and one or more contact persons in the selected cities. Urban Institute researchers made all of the interview appointments. Most appointments were made in advance of arriving in the state, but some key people in each state were identified and interviewed only after researchers were in town (see Appendix A for list of persons interviewed).

Site visits took 6-10 working days and involved two researchers in all but one state (Wisconsin). Interviews were conducted with 40 officials in California, 26 in Connecticut, 21 in Georgia, 9 in New Mexico, 29 in Ohio and 22 in Wisconsin. All interviews followed a semi-structured interview guide (see Appendix B). All but two or three interviews in each state took place in person.

II. STATE POLICY DEVELOPMENT AND COORDINATION

This section examines how states have organized themselves to address the issue of homelessness and to increase their level of planning and coordination to meet the needs of the homeless population. It also looks at the non-governmental state-level organizations that focus on homelessness. The purpose of this examination is to illustrate a variety of workable approaches to coordination.

Three of the states we visited, California, Connecticut and Ohio, had state-level coordinating councils, task forces or working groups prior to the passage of the McKinney Act. These organizations involved state agency staff in issues of homelessness and programs to solve them. These three states also had active statewide non-governmental organizations or coalitions focused on homeless issues prior to McKinney. The remaining three states, Georgia, New Mexico and Wisconsin, were not organized at the state level prior to McKinney (Georgia still does not have a state agency task force or coordinating group) and do not, even now, have statewide non-governmental coalitions for the homeless. The following pages describe the structure of state-level coordinating efforts, to give the reader an overview of different models of organization that might be appropriate in other settings.

The six states visited have developed several different types of coordinating bodies to deal with issues of homelessness. These task forces, councils and work groups share information and often work on coordinated planning and program implementation. However, none of the coordinating bodies has any power over its members--neither the group as a whole or the lead agency can require a member agency to act in a certain way. Information-sharing, discussion, persuasion, bargaining, follow-up reminders of promises made, and sometimes offers of assistance to complete tasks are the available modes of influence. The primary types described here are:

(1) A task force or working group comprised exclusively of state agency representatives;

(2) A task force, council or work group that includes representatives from state agencies and also from local governments, the federal government, and/or private providers, advocates, or their statewide organizations;

(3) A statewide coalition of advocates and providers of services to the homeless (e.g., Coalition for the Homeless, Coalition Against Domestic Violence).

Coordinating Bodies Limited to State Agencies

Three states have task forces or working groups comprised exclusively of state agency representatives. Each task force or work group with this structure, consisting exclusively of state agency representatives, was formed after passage of the McKinney Act for the purpose of taking lead responsibility in coordinating state efforts with respect to McKinney Act funding. The California Task Force, the Connecticut State Work Group and the New Mexico McKinney Task Force are examples of this type of coordinating activity.

It is instructive to look at which state agencies are active on these state agency coordinating bodies, and which agency assumes the lead role. In California, the following agencies are task force members:

Health and Welfare Agency--lead agency

- Department of Mental Health
- Department of Aging
- Department of Social Services
- Department of Health Services
- Department of Alcohol and Drug Programs
- Employment Development Department

Business, Transportation and Housing Agency--Department of Housing and Community Development

Food and Agriculture Agency

Resources Agency--California Conservation Corps

State and Consumer Services Agency
  Department of General Services
  Department of Veterans Affairs

Department of Education

Governor's Office
  Department of Economic Opportunity
  Office of Criminal Justice Planning

Connecticut's State Work Group includes the following departments:

Department of Human Resources--lead agency
Department of Housing
Department of Mental Health
Department of Income Maintenance
Department of Education
Department of Aging
Connecticut Alcohol and Drug Abuse Council
Office of Policy and Management
Department of Children and Youth Services
Department of Labor

Six departments participate in New Mexico's McKinney Homeless Task Force:

Department of Human Services--lead agency
Department of Labor
Department of Corrections
Department of Health and Environment
Department of Veterans Affairs
Department of Education

Note that the lead agency for each of these coordinating bodies is a human services, health and welfare or human resources department--not a housing department. The housing department is not even a member of one of the task forces (in New Mexico). These lead agencies usually administer a variety of programs needed by the homeless, and commonly have a good idea of the complexity of homeless people's problems and what it will take to reduce homelessness.

They are also the agencies interested in taking the lead--the agencies that want to see statewide coordination and program expansion to address the issues raised by the homeless.

This pattern--the low profile assumed by housing agencies and the key role played by human services agencies--is reflected as well in the other task force structures described below; its implications will be discussed once all of the task force structures are described.

Coordinating Bodies with State Agencies and Other Members

Four of the states we visited had coordinating bodies that included representatives from local governments, from the private sector, and from federal agencies. They included California's Working Group on the Homeless, established in July 1985; Connecticut's Homeless Task Force, which functioned from 1983 to 1986; Ohio's Homeless Cluster that began in 1985, and Wisconsin's Homeless Work Group, the newest of the set, established in 1987. The California Working Group contains members from all four agency types. Each of the other coordinating bodies includes members from three of the four agency types.

The California Working Group on the Homeless.

The California Working Group on the Homeless was established in July 1985. It initially had no staff, met every other month, and was primarily devoted to information sharing. Its first convener was the HUD regional coordinator, and its current convener is the director of the California/Nevada Community Action Association, known as CAL-NEVA. When CAL-NEVA took over the state was not interested in taking on the role of convener, but did provide some in-kind assistance to the Working Group.

The Working Group is composed of representatives from state government agencies, representatives from local government organizations, federal government regional representatives, and representatives from statewide private nonprofits. It was named in the state Comprehensive Homeless Assistance Plan (CHAP) as the coordinating council for the state, and has been used by the state to identify problems and resources. It has also served as the vehicle through which information and RFPs could be disseminated quickly to relevant agencies throughout the state. Its specific membership includes:

State Agencies

Health and Welfare Agency--Interdepartmental Coordinator's Office
Department of Housing and Community Development
Department of Mental Health
Department of Veterans Affairs
State legislative liaisons

Local Government Representatives

County Supervisors Association of California
League of California Cities
Counties--Alemeda, Contra Costa, Monterey, Santa Clara, Santa Cruz, Ventura
Cities--Berkeley, Los Angeles, Oakland, Sacramento, San Diego, San Francisco

Federal Government Agencies

Department of Health and Human Services
Department of Housing and Urban Development
Veterans Administration

Private Sector

California Church Council
California Homeless Coalition
California Food Network
CAL-NEVA Community Action Association--lead agency
CAL-NEVA Shelter Committee
United Way

Connecticut's Governor's Task Force on the Homeless. Connecticut established its Governor's Task Force on the Homeless in 1983. In that year Brad Davis, a member of a shelter board and radio disk jockey in Hartford, spoke to Governor O'Neill about the issue of homelessness and convinced the governor of the importance of the issue. In October 1983 the Governor formed the Task Force, with the Department of Human Resources providing staff support. Public hearings held by the Task Force and the results of a survey of town officials it commissioned showed a discrepancy in ideas about the scope of the problem. Approximately one-third of those surveyed did not think that homelessness existed. That perception has changed over the years.

In February 1985, the Governor's Task Force issued a final report. The conclusions: respond to the immediate need for temporary shelter and also develop programs to address the root causes of homelessness. The Task Force appointed the Department of Human Resources as the lead agency for emergency shelter programs and services to the homeless. The Department of Housing was appointed as the lead agency for housing issues for the homeless. The Task Force continued its work and developed the Governor's Task Force Action Plan, published in January 1986, which contained specific tasks for specific groups. The office of Policy and Management did the follow-up on whether designated groups were accomplishing their goals.

The Connecticut Governor's Task Force representatives came from state and local government agencies and the private sector.

State Agencies

Office of Policy Management--chair
Department of Human Resources--support agency
Department of Housing
Department of Income Maintenance
Department of Aging
Department of Mental Health
Department of Children and Youth Services
Connecticut Alcohol and Drug Abuse Council

Local Government Representatives

Connecticut Conference of Municipalities
Council of Small Towns
Bridgeport Office of Social Concerns
New Haven Police Department

Representatives from the Private Sector

Meridan Community Action Agency
WDRC, radio station
Connecticut Business Industry Association
State Labor Council
Savings Bank Association of Connecticut
Connecticut Interface Housing and Human Services Corporation
Salvation Army
SNET, Government Relations
St. Vincent DePaul Place, Middletown
St. Vincent DePaul Society of Waterbury
Hispanic Affairs, CRT, Hartford
Union Baptist Church, Bloomfield
Columbus House Emergency Shelter

Ohio's Homeless Cluster. Ohio's state government structure is very complex, with a variety of departments and divisions. Ohio's governor has used the concept of interdepartmental groupings and "clusters" to organize the various departments for action pertinent to specific issues. The Homeless Cluster primarily shares information and alerts providers to funding possibilities. While it also oversees the state-administered McKinney monies, the Coalition for the Homeless has done most of the tracking of the flow of funds. The Homeless Cluster's membership consists of:

State Agencies

Department of Mental Health--lead agency
Department of Human Services
Department of Aging
Department of Mental Retardation
Department of Health
Department of Rehabilitative Services
Department of Rehabilitation and Corrections
Department of Youth Services

Department of Development
Bureau of Employment Services
Housing Finance Agency
Office of the Governor

Federal Government Representatives

HUD District Office--Columbus

Private Sector

Ohio Coalition for the Homeless

Four factors spurred the development of the Homeless Cluster. First, in 1984 the Coalition for the Homeless was organized and advocated for state funds for an increasing homeless population, resulting in the state's Emergency Shelter Program. Also in 1984 the Ohio Department of Mental Health with the assistance of the National Institute of Mental Health conducted a study to assess whether the homeless consisted largely of the deinstitutionalized mentally ill. The report was released in 1985 and, based on some of its recommendations, the governor named the Homeless Cluster.

Third, the Governor had been committed to the cluster concept for dealing with other state matters. The Homeless Cluster was a logical extension of this idea. Fourth, funding for health care for the homeless, and later for support services for the chronically mentally ill, offered to selected U.S. cities by the Robert Wood Johnson Foundation served as a catalyst for those interested in this issue.

Because concerns for the mentally-ill homeless sparked the formation of the Homeless Cluster, it originally focused on mental health issues. By mid-1985 the Cluster reported that several actions were being taken by state agencies. Among them were:

1. The Department of Human Services approved a waiver of Social Services Block Grant regulations that permitted only one information and referral provider per county. Thus shelters could also be information and referral providers. Further, it clarified residency requirements, permitting

residents of shelters to receive food stamps and people without a permanent address to receive General Assistance benefits.

2. The Department of Development and the Housing Finance Agency developed programs for funding low-income housing.
3. The Departments of Health and Mental Health participated in preparing proposals for Robert Wood Johnson Foundation's Health Care for the Homeless and Community Support Programs for the Chronically Mentally Ill projects. These efforts ultimately resulted in 4 cities receiving RWJ funding: Cleveland for a Health Care for the Homeless project, and Cincinnati, Columbus and Toledo for Community Support Programs.
4. The Department of Mental Health began to make matching dollars available to local community mental health boards to provide outreach, case management, and housing programs to the mentally-ill homeless.

After these initial efforts, activity died down somewhat. However, after the McKinney monies became available the Working Group of the Homeless Cluster was formed and began to meet. It has provided some state-level oversight of McKinney activities. The Working Group consists of representatives from: Health, Mental Health, Rehabilitative Services, the Governor's Office, Bureau of Employment Services, Housing Finance Agency, Department of Development, HUD, and the Ohio Coalition for the Homeless.

Visconsin's State Work Group. The need to develop a Comprehensive Homeless Assistance Plan (CHAP) for the McKinney Act stimulated the creation of a working group of Wisconsin state agency representatives, city representatives and providers. Since producing the CHAP, members of the working group have met to deal with specific issues of program development. The lead agency expects the working group to continue meeting approximately every 6 months just to keep in touch. As with all of the other coordinating bodies just described, the group's function is mostly information sharing; it has no authority to ask or tell other agencies' representatives to do something.

Membership on Wisconsin's State Work Group includes:

State Agencies

Department of Health and Social Services
  Division of Community Services--lead agency
  Division of Health
  Office of Health
  Bureau of Economic Assistance
  Office of Alcohol and Other Drug Abuse
  Bureau of Children,Youth and Families--Domestic Violence Program
  Office of Long Term Support--Community Housing Alternatives
Department of Public Instruction
Department of Industry, Labor and Human Relations
Department of Administration
Wisconsin Board of Vocational, Technical and Adult Education
Wisconsin Housing and Economic Development Authority

Local Government Representatives

Cities of Milwaukee, Madison, Racine

Private Sector

Milwaukee Task Force on Emergency Shelter
Milwaukee Community Resources-Social Development Corporation (CAP)
Milwaukee Coalition for Community Health Care
Madison Urban Ministries (shelter and transitional housing provider)
Madison Salvation Army
Madison Tellurian-UCAN (shelter provider)
Wisconsin Coalition for Advocacy

Finally, Georgia has not overall state government task force or council. State government activities for the homeless mostly flow through two agencies--the Georgia Residential Finance Authority (GRFA) and the Department of Human Resources (DHR). GRFA has been designated by the Governor to administer various shelter and rental rehabilitation programs. The Department of Human Resources administers other programs for the homeless, including financial support to homeless shelters, access/outreach, the Emergency Community Services Homeless Program, primary health care, mental health programs for the chronically mentally ill homeless, and resettlement services for families with children.

Looking at the structure of state coordination efforts, it is very clear that housing agencies are not taking the lead in addressing issues of homelessness. Although the McKinney Act routes the bulk of its financing, which supports various forms of shelter and housing for the homeless, through the federal Department of Housing and Urban Development, the money is most often being managed at the state level by a non-housing agency.

The implications of this pattern are striking. Respondents in all states made it clear that they perceived the problems of the homeless to be broader than the simple need for housing, central as that need might be to the immediate plight of the homeless. In each state visited, responsibility for state-level coordination has been placed in the hands of an agency with a broad scope of supportive services and programs. In Ohio this is the Department of Mental Health; in all other states visited it is the human services/human resources agency. It is also true that the lead agency in each case wanted lead agency responsibility and had already shown some leadership in homeless issues. That this agency in each case was not the housing agency says something about the role such agencies commonly play in developing alternatives to homelessness.

The usual operations of state housing authorities more closely resemble those of banks than those of most other government agencies. Standards of fiscal responsibility to bondholders mean that housing authorities view different options for developing housing, including housing for the homeless, as investments which must meet a certain level of fiscal safety before the authority will fund them. Proposals for housing in which rents are guaranteed by individual federal benefits to prospective renters such as Supplemental Security Income (a program for which many disabled homeless are eligible) often are rejected for failure to meet housing authority standards of fiscal safety. The same fate often awaits some of the more creative solutions--such as scattered site apartment housing--being proposed by aspiring developers of housing for the homeless to zoning restrictions against congregate housing in certain neighborhoods. Respondents in several states in this study who were providers or individuals who had attempted to develop housing options for the homeless voiced frustration with the conservatism of their state housing finance authority and its funding standards. Clearly they felt that financial support for housing for the homeless would largely have to come from other sources.

Statewide Non-government Activities

Most of the states we visited had statewide coalitions or organizations active around issues of homelessness. These organizations were often associations of providers such as homeless shelters or domestic violence shelters, but they also included associations of other types of non-profits, and of people who occupied specific types of jobs in local government (e.g., county supervisors). These statewide organizations and their activities are described in the following paragraphs.

Several non-governmental groups have participated in statewide coordination efforts around homelessness in California. One is the California/Nevada Community Action Association (CAL-NEVA), which is a membership organization for providers receiving Community Services Block Grant funds. Its director is the facilitator for the California Working Group for the Homeless. Further, CAL-NEVA has contributed to several reports on the homeless. It was responsible for writing "Legacy: A Report on the Survey of California Shelters and the Implications for the Nutritional Status of Homeless Children," funded by the California Department of Economic Opportunity, and its director prepared the "Report of the CSAC Homeless Task Force" for the County Supervisors'

Association of Calfornia (CSAC). (These reports are reviewed below, under "Reports and Studies.")

Another statewide organization in California is the Coalition for the Homeless, whose members are shelter providers. It sits on the Working Group, holds an annual meeting of shelter providers and other interested parties, and serves an information sharing and watchdog role.

The County Supervisors' Association of California is an active statewide group whose members are local government supervisors. It has been involved in developing public-private partnerships around homelessness. When county welfare directors brought the severity of the homeless issue to CSAC's Health and Welfare Committee, CSAC appointed a task force to examine the issue. The task force surveyed all counties to find out what they were doing and prepared the CSAC report described below. The task force was disbanded once the report was published, but may be reappointed to conduct an update. Meanwhile, members of CSAC are active in the Council on Partnerships to develop an on-going group to focus on homeless issues. This council has representatives from public and private agencies, and is co-chaired by the president of CSAC and a vice-president of General Telephone.

In addition, the California Alliance Against Domestic Violence, a coalition of domestic violence shelters, has taken a very active role in the state for these shelters, and was a key force in encouraging legislation to support them.

Connecticut has a statewide coalition for the homeless (Connecticut Coalition for the Homeless) which is run out of Hartford. The Coalition has five distinct goals:

1. Provide information to shelters
2. Provide an information network between shelters
3. Provide training for shelter providers on such issues as: health care, wage and hour laws, crisis avoidance and drug and alcohol abuse
4. Develop a strong advocacy presence in the state
5. Empower homeless individuals - to allow the shelter population to have more control over their own lives

The Coalition was founded in 1982 by religious leaders who were dealing with mounting requests for emergency shelter. The specific mandate of the Coalition was to address not only the immediate needs of people who are homeless but also the underlying causes of homelessness. From 1982 to 1986 the Coalition had funding only from membership dues and worked exclusively through a volunteer board. In 1986 the Coalition received funding from the state and hired its first full-time Executive Director. In November 1987 another full-time staff member was hired and a VISTA worker got a one year appointment to the Coalition.

Generally the Coalition has provided a network for the shelter providers. It has been successful at fostering a close relationship with the Department of Human Resources, Connecticut's lead agency on homeless issues, and is working to do the same with the Departments of Housing and Mental Health. Coalition members often serve as the liaison between state agency representatives and shelter operators. The Coalition has been active in disseminating information directly to the provider community about available funding through the McKinney Act.

The Connecticut Coalition Against Domestic Violence is the second statewide coalition of providers involved in the homeless issue. CCADV has existed since 1978, when the state first began to fund domestic violence programs. Until two years ago, the Department of Human Resources was virtually CCADV's sole funder; additional funding sources have now reduced DHR's share of CCADV's budget to about half.

CCADV has been active in lobbying for its interests, both with DHR and with the state legislature. Particularly high levels of input have been possible since DHR's new commissioner took office, approximately 18 months prior to these interviews. Both Coalitions advise DHR on funding amounts and program options, and also make recommendations about how any additional resources for their respective areas should be spent. The Coalitions build the consensus for the hard choices that sometimes have to be made, and DHR appreciates the resulting unity.

It may be of interest to readers that a government agency, the Department of Human Resources, provides partial financial support for the two state coalitions of shelter providers (Connecticut Coalition for the Homeless and Connecticut Coalition Against Domestic Violence). Coalition representatives are also included in program planning and evaluation strategies, and cooperate with DHR in developing annual agency budgets around homeless issues. The Working Group, and DHR, appear very successfully to promote cooperative strategies to program development, funding and operations. State financial support for the coalitions does not appear to create conflicts of interest or cooptation, but rather creates stable provider organizations that help in the overall development and coordination of statewide services.

The Director of CCADV, Ms. Ann Manard, perceives that some of the new state department commissioners are very strong on interagency cooperation and collaboration. She perceives that since their advent there has been much more of an attempt by government agencies to try to figure out how to solve problems and create programs. This is relatively easy in Connecticut, she maintains, because it is a state with resources, with a social conscience, with non-profit systems in place to monitor and keep the pressure on, with a commitment of the state to local input, and with cooperation among non-profits along with a recognition that certain problems (e.g., alcohol abuse, housing) affect everyone.

It is difficult therefore to play agencies off against each other. Both state and private agencies will initiate forums to talk things out and develop solutions.

Two non-governmental coordinating agencies around homelessness have statewide impact in Georgia. The official statewide coalition is the Georgia Hungry and Homeless Resource Network (a relatively new coalition). This organization has representatives in 48 cities and towns in Georgia. The steering committee, which meets quarterly to discuss particular issues, has 12 members. This network is chaired by Dr. James Beaty.

Dr. Beaty is also co-executive director, with his wife Anita Beaty, of the Atlanta Task Force for the Homeless. The Atlanta Task Force is the major player and voice for the homeless in Georgia, and has had substantial impact on policy. The Atlanta Task Force was instrumental in the creation of the network. The Atlanta Task Force is very active, knowledgeable, and well-coordinated. It receives funding from the state, and from Fulton and DeKalb counties (where Atlanta is); state and county officials are members.

The Task Force now has seven full-time staff and many volunteers. In addition to general meetings, the Task Force coordinates seven teams, each of which also meets monthly. These teams are: Mental Health, Physical Health, Welfare (Public Assistance), Shelter, Housing, Employment, and Veterans.

Everyone interviewed in the state, county or city government and in the provider community made reference to the Beatys. The Task Force has been a strong force in coordinating the activities of service providers in the Atlanta area; pulling together coalitions to apply for funding (including from the McKinney Act); suggesting and sometimes implementing creative services; and monitoring and documenting gaps in services, barriers to accessing services by the homeless, and state non-compliance with federal regulations regarding services to the homeless.

Spin-off projects developed by the Atlanta Task Force include SRO Housing Inc. which develops transitional housing including a facility for homeless veterans funded in part by the McKinney Act; the Kimberly Project which used public/private collaboration to renovate 21 units of public housing for homeless families; and the Eviction Protection-Furniture Bank which uses a city donated warehouse to store the goods of evicted families for up to 90 days while they get resettled, and collects donated furniture to give starter sets to families leaving shelters.

Given that there is no official state coordinating body in Georgia, the Resource Network and the Atlanta Task Force can have no official relationship to it. However, from our interviews it is clear that the Atlanta Task Force is well-known and respected by most officials, including those in GRFA and DHR, with whom they meet and talk regularly. The Community Action Agency Directors Association also works closely with DHR and GRFA in developing and providing services to the homeless throughout the state. State officials rarely mentioned the state Resource Network, probably because it is a newer organization, and also possibly because it includes some of the same people as the Atlanta Task Force.

Some other Georgia cities have homeless coalitions or task forces (e.g., the Savannah Coalition for the Homeless), but only the Atlanta Task Force has paid staff and a concomitant level of activity.

New Mexico has no formal lobbying coalition for the homeless. However three non-governmental groups are active on the issue: The Homeless Union, the Homeless Support Group, and the Care Alliance. The Homeless Union is an organization of homeless and low-income individuals who organize community actions around homelessness. The Support Group functions as a community education group and a support system for the Homeless Union. The Care Alliance is a group of Albuquerque providers who have organized themselves to discuss services provided and services needed. Although the Alliance occasionally coordinates its efforts with those of government agencies, most activities of these organizations are limited to the provider or homeless communities. The Alliance assists service providers in finding funding for their programs. Interaction among the three groups does occur, but not in a regular fashion.

In Ohio, the primary non-governmental organization working on homeless issues is the Ohio Coalition for the Homeless. This Columbus-based organization has a board with representatives from each major city in Ohio as well as various at-large members from other areas. Most board members are homeless advocates or providers. The Coalition was formed in 1984 out of a conference of providers held in Columbus. At the time there were no federal or state funds available for the homeless, and providers felt it was time to assume a greater advocacy role. The Coalition's first activity was to propose and lobby for legislative action to create Ohio's Emergency Shelter Program.

The Coalition's role in Ohio is very important. Its director, Mr. Bill Faith, serves on the Homeless Cluster and has worked with various government agencies at their request to formulate plans for spending McKinney and other funds. The Coalition wrote the state's CHAP and has taken responsibility for tracking McKinney funds (by periodically calling the federal agencies involved in disbursing McKinney monies). In all other states visited these important functions were performed by state agencies. The Coalition also does public education and offers technical assistance to providers and advice to state agencies. The Coalition probably has the best overall view of what is happening in the state with respect to programs for the homeless and has considerable influence in the state both within and outside of government.

There is no statewide coalition for the homeless in Wisconsin, although advocates and service providers in Milwaukee and Madison have been working to form one. Recently the Governor's Council on Mental Health established a Task Force on the Homeless under its aegis, to explore the specific mental health issues involved with the homeless. Despite the lack of an official statewide organization, numerous providers and advocates have places on the State Work Group, which continues to meet to coordinate services.

It is interesting to note that the three states without statewide coalitions, Georgia, New Mexico and Wisconsin,[2] have one major urban center (Atlanta, Milwaukee, Albuquerque) in predominantly rural states. Respondents report that the general perceptions in their states are that homelessness is "only" an Atlanta problem, or an Albuquerque problem, and that the rest of the state does not have to become concerned. These perceptions may also help to explain the fact that these three states did not have any state agency coordinating council or task force prior to the McKinney Act, and that Georgia still does not have a statewide coordinating body in state government. As will be seen below, state funding for programs for the homeless in two of these three states (Georgia and New Mexico) is also very low and funding in Wisconsin is somewhat low when compared to the other three states we visited.

The Process of Developing the Comprehensive Homeless Assistance Plan Required by the McKinney Act, and its Effects

The McKinney Act required states (and certain other designated jurisdictions) to prepare a Comprehensive Homeless Assistance Plan (CHAP) and have it approved by the Department of Housing and Urban Development before the state could receive any money through McKinney Act programs. Ideally the process of developing the CHAP could serve as a coordinating and planning mechanism, enabling states to create a blueprint for initial and ongoing program development for the homeless. In many people's opinions, the CHAP should also have served a guidance function for federal agencies, showing them the types of services and geographical locations that states had already covered and giving a picture of where additional support would be most valuable. To some extent the opportunity for the CHAP to serve the former function has not materialized; the second function has been even less in evidence.

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[2] Georgia officially has a statewide coalition, but it is newly formed and heavily dependent on the Atlanta Task Force.

In five of the six states visited, a state agency took the lead in developing the CHAP (in Ohio the Ohio Coalition for the Homeless wrote the CHAP):

State	Lead Agency	Coordinating Group
California	Health and Welfare Agency	Task Force
Connecticut	Department of Human Resources	State Work Group
Georgia	Georgia Residential Finance Agency	none
New Mexico	Department of Human Services	McKinney Task Force
Wisconsin	Department of Health and Social Social Services, Bureau of Community Services	State Work Group

In two of these states, New Mexico and Wisconsin, no state-level coordinating group existed prior to McKinney, and the requirement to produce a CHAP stimulated these states to form their first coordinating group. In two other states, Ohio and California, significant organizing at the state level with the participation of state agencies had occurred prior to McKinney, but respondents felt that the McKinney Act gave further impetus to serious planning and coordination.

Despite the work that went into developing the CHAP, quite a number of respondents in different states felt that the CHAP was not serving the function of a blueprint for their state. The reasons given were several, and differed by the position and responsibilities of the speaker. They fell into three broad categories: (1) no teeth; (2) incomplete information; (3) funding uncertainty.

No Teeth. A number of respondents said that their state's CHAP did a reasonable job of identifying service gaps and needs, but that the CHAP process contained no schedule beyond the date of submission of the CHAP, no requirement that states pursue plans to fill the identified gaps, and no leverage should proposed plans fail to materialize. Obviously states have not chosen to give any power to their coordinating groups and task forces, so there is no penalty if plans are not carried out, or if proposed efforts to develop programs are not completed. This complaint was made most commonly by respondents outside of state government, but was also voiced by a few government employees.

Incomplete Information. State agency representatives, especially those from the lead agency, expressed considerable dissatisfaction with the way the McKinney Act set up the CHAP process for designated cities. Cities of a certain size were required by the Act to submit their own CHAPs, and did not have to share their CHAPs with the state task forces working on the state CHAP. This resulted in gaps in the state CHAPs, and a reduced ability of state agencies to plan where they would allocate state monies for the homeless because they did not know what additional resources cities were receiving from McKinney funds.

A further difficulty in planning at the state level arises because not all of the McKinney funds flow through state agencies. A state coordinating group cannot plan comprehensively when certain key elements in the plan will need to be funded by the federal government and the eligible applicants are local governments and private providers. If a state is not providing direct funding or matching funds, the state agency may often not know who is applying and who has received funding for specific programs. Certainly, the state agencies cannot direct local governments and private providers to apply for the funds for which only they are eligible; therefore some state agency representatives felt they could not plan adequately for the services that these funds might support.

Funding Uncertainty. McKinney funding is divided into many programs, some of which are distributed by formula with no match, some of which are distributed by formula with matching requirements, and some of which are competitive grant programs at the national level (also with matching requirements). In the opinion of almost all respondents regardless of position as government or private representatives, a good program--meaning a comprehensive program--was very difficult to piece together under the McKinney Act. Support for purchase and renovation of buildings comes from one program; funds for operating costs come from another, and are not even close to adequate; funds for staffing come from yet another program and are also limited; funds for special but necessary services such as health care, mental health care, chemical dependency treatment or job training come from still other, and separate, programs within the Act and are only available to certain special categories of applicants. While respondents are grateful to have some federal money available, they would almost unanimously prefer a block grant approach that truly let local decisionmakers allocate the total funding available in a more coherent and planful manner.

Finally, there is the issue of what use federal agencies made of the CHAPs. Respondents in most states came to feel that the CHAPs were just another hurdle, not expected by federal agencies to give real guidance in funding decisions. No federal agency but HUD even required applicants to submit their CHAP when requesting funding, so these agencies never gave themselves the opportunity to see whether the funding requested really represented an overall state priority. Faced with several equally good proposals from one state and only able to fund half of them, a federal agency might have used the CHAPs to learn which localities needed the services most. However, federal agencies did not have this information. There was even some question on the part of respondents in this study as to whether HUD itself used the CHAPs when making decisions about its two non-formula programs, Transitional Housing and Permanent Housing for Handicapped Homeless Persons.

III. STATE LEGISLATION AND FUNDING SPECIFICALLY PERTAINING TO HOMELESSNESS

This section deals with the overall funding picture for state and federal dollars in the latest fiscal year, and with state legislation other than that which sets up specific programs. It also lists specific programs for the homeless by state, so the reader can get a picture of the full scope of activities in each state. However, detailed descriptions of each program do not occur until Section IV of this report, where they are grouped together by the substantive concern they address--such as shelter, housing, education, or job training--rather than by the state that runs them.

Funding

The six states we visited differed widely in the variety and depth of the programs they supported to alleviate homelessness. Using money as a quick indicator of program commitments, state dollars going into programs for the homeless for State Fiscal Year 1987-88 were: $59.8 million in California; $43.9 million in Connecticut; $870,000 in Georgia; $175,000 in New Mexico; $5.8 million in Ohio; and $1.1 million in Wisconsin. Tables on the following pages give budget figures for federal and state programs for the homeless in each of the six states visited.

Federal funding used by states to support programs for the homeless is somewhat more difficult to summarize, since states themselves include very different categories of federal funds in their totals. For example, Georgia counts HUD Rental Rehabilitation funding; Connecticut counts Social Services Block Grant funding that the state has allocated to homeless programs and also counts federal reimbursements for Emergency Assistance payments under the AFDC program; and California counts federal funding for domestic violence and chemical dependency programs as well as Emergency Assistance support. Therefore the tables give both a total amount of McKinney Act funding and a total amount from all federal sources.

All of these states used federal funding sources other than McKinney Act funds to support programs for the homeless, of course, such as federal block grants (Social Services; Community Services; Community Development; Alcohol, Drug Abuse and Mental Health), AFDC-Emergency Assistance, HUD Section 8 Certificates, Victims of Crime Act, JTPA, and stripper well settlement funds. In general one can conclude from state budget information that the states that do the most with their own money also maximize their use of all available federal funding sources.

McKinney Act Programs[3]

All six states had taken, or were in the process of taking, full advantage of all McKinney programs that did not require a match, and for which state agencies were the eligible recipients. These were the Emergency Community

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[3] The McKinney Act permanently authorized and gave continuing funding to two programs that had been in existence on a temporary basis for a number of years--the Emergency Food and Shelter Program (FEMA), and the Temporary Emergency Food Assistance Program (TEFAP). Both have been omitted from the account of McKinney Act funds going to the states. There are several rationales for these omissions. First, the public perception is that the McKinney Act provided new federal funding, and second that it provides funding for the homeless. Neither of these programs is new. Both have sizeable appropriations, especially in comparison with some of the other McKinney Act programs targeted directly toward the homeless, and including them in state funding tables will only distort the picture of how much the federal government is doing. Another reason for omitting TEFAP funding is that available evidence (Food and Nutrition Service, 1987) indicates strongly that it does not serve the homeless (less than 0.1 percent of recipients were homeless). Additional reasons for omitting FEMA funding are that it is administered almost entirely through non-government "Local Boards" with no state or local government control over what the money will buy, and no information is available to indicate how much of the funding is used to help homeless people. Interestingly, only one state we visited (Ohio) even mentioned these two programs as "McKinney" programs.

CALIFORNIA

Funds for the Homeless in California--SFY 1987-88

	State	Federal
Department of Housing and Community Development		
Emergency Shelter Program	$ 4,000,000	
Special User Housing Rehabilitation	2,500,000	
McKinney Emergency Shelter		$ 1,300,000*
HUD Emergency Shelter		600,000
Department of Economic Opportunity		
Community Services Block Grant		2,400,000
McKinney Emergency Community Services and Homeless Grant Program		3,347,000*
Office of Criminal Justice Planning		
Domestic Violence Shelter Employment Program		900,000
Homeless Youth Hotline	200,000	
Homeless Youth Pilot Projects	900,000	
Family Violence Shelters	1,500,000	
Family Violence and Prevention Services Act		700,000
Family Violence Prevention Training	200,000	
Victims of Crime Domestic Violence Program		800,000
Department of Veterans Affairs		
Homeless Veterans Pilot Project	200,000	
Department of Mental Health		
Homeless Mentally Ill (Bronzan)	20,200,000	
Federal Care Management Demonstrations		900,000
Residential Care Supplemental Rate	14,000,000	
Community Mental Health Services Block Grant		4,205,000*
Employment Development Department		
Petty Cash		25,000
Specialized Employment Services		100,000
JTPA Targeted Projects		25,000

CALIFORNIA (Cont).

Funds for the Homeless
the Homeless in California--SFY 1987-88

	State	Federal
Alcohol and Drug Programs		
Residential Recovery Services	$ 8,800,000	$ 3,700,000
Department of Social Services		
AFDC Homeless Family Supplemental Payments	7,300,000	7,300,000
Department of Education		
Homeless Children and Youth		500,000*
Non-State McKinney Funds		
Emergency Shelter Grants		3,358,000*
Supplemental Assistance to Facilities		1,500,000*
Section 8--SRO		2,666,000*
Transitional/Supportive Housing		4,665,000*
Permanent Housing for the Handicapped		442,000*
Health Care for the Homeless		8,483,000*
	$59,800,000	$47,787,000

McKinney Act Total	$30,337,000
McKinney as percent of all federal	63%
State as percent of (state + McKinney)	66%

* McKinney Act program. Emergency Shelter Grant funds are as reported by states; all other McKinney Act funding is taken from the records of the Interagency Council on the Homeless, and reflects only FFY 1987 amounts.

SOURCES: California Health and Welfare Agency; Interagency Council on the Homeless

CONNECTICUT

Funds for the Homeless in Connecticut--SFY 1987-88

	State	Federal
Department of Human Resources		
State Emergency Shelter Grant Program	$ 2,939,000	
McKinney Emergency Shelter Grant Program		$1,022,000*
Transitional Living Pilot	$ 782,000	
Security Deposit Program	478,000	
Homefinders Program	275,000	
Housing Pilot for AIDS Victims	50,000	
Household Abuse Victims Shelter Services	1,059,000	
Social Services Block Grant		
Emergency Shelters		545,000
Household Abuse Shelters		405,000
HHS/Criminal Justice		331,000
Fuel Assistance		85,000
Emergency Community Services Blocal Grant		453,000*
Other Capital Funds[a]	3,000,000	
Department of Housing		
Rental Assistance	6,500,000	
Housing for the Homeless	2,000,000	
Affordable Housing Program[b]	20,000,000	
Department of Income Maintenance		
General Assistance Account Per Diem Program	80,000	720,000
AFDC-Emergency Assistance	2,600,000	2,600,000
Department of Children and Youth Services		
Community Emergency Services	380,000	
DCYS Clients - Board and Care	745,000	
Social Services Block Grant		
Emergency Shelters		1,118,000
Department of Education		
Homeless Children and Youth		50,000*

[a] Used for shelters for the homeless, day care centers, and elderly centers.
[b] Used for development of low-income housing to prevent homelessness.

Funds for the Homeless
in Connecticut--SFY 1987-88

	State	Federal
Department of Mental Health		
Group Homes and Supervised Apartments	$ 19,000	$
Outpatient Services	213,000	
Case Management	200,000	
Community Mental Health Services Block Grant		443,000
Connecticut Alcohol and Drug Abuse Council		
Halfway Houses	822,000	
Long Term Care	1,008,000	
Alcohol and Drug Abuse Grants	123,000	
Social Services Block Grant		228,000
Alcohol, Drug Abuse and Mental Health Block Grant		211,000
Non-State McKinney Funds		
Emergency Shelter Grants		252,000*
Supplemental Assistance to Facilities		63,000*
Transitional/Supportive Housing		1,532,000*
Health Care for the Homeless		609,000*
	$43,873,000	$10,667,000

McKinney Act Total	$4,424,000
McKinney as percent of all federal	41%
State as percent of (state + McKinney)	91%

* McKinney Act program. Emergency Shelter Grant funds are as reported by states; all other McKinney Act funding is taken from the records of the Interagency Council on the Homeless, and reflects only FFY 1987 amounts.

SOURCES: "People without Homes," Connecticut Department of Human Resources, February 1988, Table 4; interviews with state officials; Interagency Council on the Homeless.

GEORGIA

Funds for the Homeless in Georgia--SFY 1987-88

	State	Federal
Department of Human Resources		
State Homeless Shelter Program	$206,000	$
Division of Family and Community Services	208,000	
Community Mental Health Services Block Grant	109,000	543,000*
Emergency Community Services Grant Program		1,010,000*
Georgia Residential Finance Authority		
Emergency Shelter Grants Program		582,000*
Shelter Energy Conservation Program		500,000
Homeless Shelter Revolving Loan Fund	275,000	
Rental Rehabilitation Program		1,760,000
Department of Education		
Homeless Children and Youth		103,000*
Non-State McKinney Funds		
Emergency Shelter Grants		482,000*
Supplemental Assistance to Facilities		340,000*
Transitional/Supportive Housing		1,656,000*
Permanent Housing for the Handicapped		158,000*
Health Care for the Homeless		710,000*
	$ 870,000	$7,844,000

McKinney Act Total	$5,584,000
McKinney as percent of all federal	72%
State as percent of (state + McKinney)	13%

* McKinney Act program. Emergency Shelter Grant funds are as reported by states; all other McKinney Act funding is taken from the records of the Interagency Council on the Homeless, and reflects only FFY 1987 amounts.

SOURCES: Interviews with state officials; Interagency Council on the Homeless.

NEW MEXICO

Funds for the Homeless in New Mexico--SFY 1987-88

	State	Federal
Department of Human Services		
Emergency Shelter Grants (HUD)	$	$ 46,000
Emergency Shelter Grants (McKinney)		189,000*
Emergency Community Services Block Grant		315,000*
Matching Funds for Transitional Housing	150,000	
Department of Health and Environment		
Community Mental Health Services Block Grant		275,000*
Department of Education		
Homeless Children and Youth		50,000*
Non-State McKinney Funds		
Emergency Shelter Grants		64,000*
Transitional/Supportive Housing		208,000*
Health Care for the Homeless	25,000	225,000*
	$ 175,000	$1,372,000

McKinney Act Total	$1,326,000
McKinney as percent of all federal	97%
State as percent of (state + McKinney)	12%

* McKinney Act program. Emergency Shelter Grant funds are as reported by states; all other McKinney Act funding is taken from the records of the Interagency Council on the Homeless, and reflects only FFY 1987 amounts.

SOURCES: Interviews with state officials; Interagency Council on the Homeless.

OHIO

Funds for the Homeless in Ohio--SFY 1987-88

	State	Federal
Department of Development		
McKinney Emergency Shelter Grants	$	$1,649,000*
Emergency Community Services Block Grant		1,463,000*
Community Services Block Grant		[a]
Community Development Block Grant		[a]
Department of Mental Health		
Departmental Operating Funds[b]	1,000,000	
Community Mental Health Services Block Grant		1,215,000*
Homeless Mental Health Demonstrations		1,243,000*
Alcohol, Drug Abuse and Mental Health Block Grant		[a]
Department of Health		
State Emergency Shelter Grants	2,800,000	
Department of Education		
Education of Children and Youth		140,000*
Department of Social Services		
Social Services Block Grant		[a]

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[a] Money from these Block Grants is confirmed as being spent to help the homeless, but there is no statewide total, since local jurisdictions make the spending decisions.

[b] Does not include the funds committed out of the Department of Mental Health's capital budget for permanent housing for the mentally ill. These are technically loans, although they can be forgiven after 40 years.

Funds for the Homeless in Ohio--SFY 1987-88

	State	Federal
State and Federal Funds Allocated Directly to Counties or to Local Providers		
Marriage License Fee	$2,000,000	$
Non-State McKinney Funds		
Emergency Shelter Grants		1,551,000*
Transitional/Supportive Housing		1,940,000*
Permanent Housing for the Handicapped		105,000*
Health Care for the Homeless		1,927,000*
	$5,800,000	$11,233,000

McKinney Act Total	$11,233,000
McKinney as percent of all federal	100%
State as percent of (state + McKinney)	34%

* McKinney Act program. Emergency Shelter Grant funds are as reported by states; all other McKinney Act funding is taken from the records of the Interagency Council on the Homeless, and reflects only FFY 1987 amounts.

SOURCES: Ohio Coalition for the Homeless, "Implementation of the Stevart B. McKinney Homeless Assistance Act in Ohio;" Richard First, "Testimony to the Indiana Legislative Study Committee on the Homeless Mentally Ill;" Ohio Department of Mental Health, and interviews with state officials; Interagency Council on the Homeless.

WISCONSIN

Funds for the Homeless
in Wisconsin--SFY 1987-88

	State	Federal
Department of Health and Social Services		
State Shelter Subsidy Program	$ 500,000	$
Emergency Shelter Grants Program (HUD)		127,000
Emergency Shelter Grants Program (McKinney)		577,000*
Emergency Community Services Block Grant		458,000*
Community Mental Health Services Block Grant		443,000*
Wisconsin Housing and Economic Development Authority		
Competitive Grant Program	341,000	
Permanent Housing HHP (McKinney)	77,000	
Transitional Housing (McKinney)	195,000	
Department of Public Instruction		
Homeless Children and Youth		59,000*
Non-State McKinney Funds		
Emergency Shelter Grants		368,000*
Supplemental Assistance to Facilities		283,000*
Section 8--SRO		324,000*
Transitional/Supportive Housing		1,512,000*
Permanent Housing for the Handicapped		76,000*
Health Care for the Homeless		954,000*
	$1,113,000	$5,181,000

McKinney Act Total	$5,054,000
McKinney as percent of all federal	98%
State as percent of (state + McKinney)	18%

* McKinney Act program. Emergency Shelter Grant funds are as reported by states; all other McKinney Act funding is taken from the records of the Interagency Council on the Homeless, and reflects only FFY 1987 amounts.

SOURCE: DHSS and WHEDA documents; Interagency Council on the Homeless.

Services Block Grant, the Homeless Mentally Ill Block Grant, and the Homeless Children and Youth and Adult Literacy education grants. State agencies have also provided the match for the formula Emergency Shelter Grants; in five states the match has been in cash from the state emergency shelter programs, but in New Mexico the match was in-kind. Matching funds were also provided in several states for applications under McKinney Act Transitional Housing, Permanent Housing for the Handicapped, and Section 8 SRO Housing programs.

Note here that the pattern observed above, that no housing agency served as the lead agency for any of the task forces, coordinating groups or work groups, has some parallels in the patterns of which agencies allocate shelter monies. Only in California and Georgia does shelter funding flow through the housing agency; and in Georgia the flow is split, with the Department of Human Resources administering the state shelter grant program and the Georgia Residential Finance Authority administering the McKinney Emergency Shelter Grants Program. In the other four states, both state shelter grant monies and McKinney shelter grant funds flow through non-housing departments.

In addition to state agencies applying directly for McKinney funds, state work groups in California, Connecticut and Wisconsin, and the Coalition for the Homeless in Ohio, set up systems to assist local government and non-profit agencies eligible for other McKinney programs in making application. These McKinney Act programs were: Supplemental Assistance for Facilities; Health Care for the Homeless; Mental Health Demonstrations; Alcohol and Drug Abuse Demonstrations; Homeless Veterans Reintegration; and Job Training for the Homeless. In some instances the appropriate state agencies also supplied required matching funds, as when state housing finance agencies assured low interest loans as match for Transitional Housing for the Homeless and Permanent Housing for Handicapped Homeless Persons funding. In other instances the match requirement was passed on to local government and private providers to meet as

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they might. In every state respondents indicated that the need for matching funds discouraged applications in every category where they were required; the less generous the state, the more this was true. In states with numerous state programs such as California and Connecticut, local applicants were more able to designate one or more state funding sources as match money, although often these funds were not "new" (i.e., the programs were scheduled to receive them with or without McKinney). In a state with virtually no pre-McKinney state funding such as Georgia, the Governor pushed the legislature very strongly to appropriate matching funds where needed, with considerable success. State agency McKinney programs were matched by the legislature at about half the amount originally requested by the Governor, with the remainder of the match coming from existing parts of state agency budgets. Local McKinney housing programs received one-half of the required match from the state. In Georgia the appearance of McKinney money certainly prompted the state to become active in providing services to the homeless. Not so in New Mexico, where the state met the match "in-kind" and appropriated only $175,000 of its own money--the first it had spent directly on homelessness.

State Programs

To give the reader an overview of the major state or federally funded activities for the homeless happening in each state, we list here, by state, these programs. They are described in some detail in Section IV of this report, where they are arranged by the focus of their activity (e.g., shelter, health care) rather than by state. Neither this list or the program descriptions in Section IV cover every program for the homeless in these states.

CALIFORNIA

Shelter

State Emergency Shelter Program
McKinney Emergency Shelter Grants
Shelter Acquisition and Renovation

Housing

Housing for the Homeless Mentally Disabled
Housing for Victims of AIDS and ARC
Proposition 77--$150 million Low-income Bonding Authority
Proposition 84--$450 million Homeless and Housing Bonding Authority

Health

Health Care for the Homeless--San Francisco and other cities

Mental Health

Statewide Community Support Programs for the
Homeless Mentally Disabled

Income Assistance

AFDC-Emergency Assistance

Employment and Training

Los Angeles-Mobile Units

Education

Education for Homeless Children and Youth
Adult Literacy

CONNECTICUT

Shelter

State Emergency Shelter Program
McKinney Emergency Shelter Grants
Shelter Acquisition and Renovation

Housing

Rental Assistance (2 programs)
Security Deposit Program
Homefinders Program
Housing for Victims of AIDS and ARC
Housing for the Homeless (transitional housing)

Surplus Land Program
Affordable Housing Program--$100,000 Bonding Authority
Private Rental Investment Mortgage Equity
Housing Partnership Program

Health

Health Care for the Homeless--4 cities

Mental Health

Outreach, Assessment and Case Management for the Chronically Mentally Ill

Income Assistance

AFDC-Emergency Assistance

Education

Education for Homeless Children and Youth
Adult Literacy

Case Management

Statewide Shelter Based Case Coordinator Program

GEORGIA

Shelter

State Emergency Shelter Program
McKinney Emergency Shelter Grants
Shelter Acquisition and Renovation

Housing

Homeless Families and Children Program

Health

Health Care for the Homeless--Atlanta

Employment and Training

Veterans Reintegration
St. Luke's Economic Development Corporation

Education

Education for Homeless Children and Youth
Adult Literacy

Case Management

Mental Health Department, for the
Chronically Mentally Ill (not all are homeless)

NEW MEXICO

Shelter

McKinney Emergency Shelter Grants

Health

Health Care for the Homeless--Albuquerque

Education

Education for Homeless Children and Youth
Adult Literacy

OHIO

Shelter

State Emergency Shelter Program
McKinney Emergency Shelter Grants

Housing

Housing for the Chronically Mentally Ill
Rental Housing Development Program
Seed Money Loan and Development Program

Health

Health Care for the Homeless--Cleveland

Mental Health

Community Support Programs for the Chronically Mentally Ill--
Cincinnati, Cleveland, Columbus, Toledo
Outreach and Case Management through Community Mental Health Boards

Income Assistance

Assistance with SSI applications

Education

Education for Homeless Children and Youth
Adult Literacy

WISCONSIN

Shelter

State Emergency Shelter Program
McKinney Emergency Shelter Grants
Shelter Acquisition and Renovation

Housing

McKinney Permanent Housing for the Handicapped--
2 programs for the Chronically Mentally Ill

Health

Health Care for the Homeless--Milwaukee

Income Assistance

Assistance with SSI applications

Education

Education for Homeless Children and Youth
Adult Literacy

Legislation

Some of the states we visited had a good deal of legislation pertaining to homelessness while others had almost none, other than legislation creating and funding specific programs. California had the most, and on the most varied topics. California has used both legislation and ballot initiatives to create state funding streams for homeless programs and facilitate the delivery of services to homeless persons. For example:

- The Hunger and Homelessness Act - Proposition 95, an initiative that will be put on the statewide ballot in November 1988, would create the Emergency Housing and Nutrition Fund. It proposes to use fines from health code violations by landlords and restaurants to fund emergency shelter, food, job referral and other services for the homeless.

- Assembly Bill 1213 (Bronzan) Approved June 1, 1987, permitted counties to keep $5 million that had been allocated, but had not been spent, for services to the homeless mentally disabled, as long as they spent the money in future years to assist the homeless mentally disabled. $5 million has therefore been transferred to the Department of Housing and Community Development: $1.5 million for emergency shelter and $3.5 million for transitional and long-term housing for the homeless mentally disabled. AB 1213 also allows for the acquisition of buildings with state approval.

- Senate Bill 155, 1985 (Department of Mental Health), provides a supplemental rate for Community Care Facilities (CCFs) for the mentally ill. It is intended to ensure an adequate reimbursement rate structure for private residential care facilities and to encourage such facilities to serve mentally disabled persons. Additional funding was provided to meet the shelter needs of mentally disabled persons whose homelessness is a threat to their health and safety, and in some cases to the public's safety. Funding was $14 million in 1986-1987 and in 1987-1988; the same amount is proposed for 1988-1989.

- Assembly Bill 586: Homeless shelters licensure exemption (effective January 1, 1988), specifically exempts homeless shelters from licensing requirements as community care facilities. Any facility used or operated as a homeless shelter for adults or family units will be exempt from community care licensing requirements if it only offers one or more of the following services: temporary shelter, food or meals, clothing, transportation, personal grooming supplies, bathing facilities, laundry facilities, housing search assistance, job search assistance, advocacy, counseling. To qualify for the exemption, the homeless shelter is prohibited from providing care and supervision, administering or dispensing prescribed medications to homeless persons or allowing a homeless person to reside in the shelter for more than 60 continuous days including extensions. For seniors, or mentally or physically handicapped persons, temporary shelter may be provided up to 180 continuous days including extensions.

- Assembly Bill 4266, Information Sharing re Homelessness: Statewide Information Network provides $150,000 in state funding to develop and increase access to an already existing state-wide on-line computerized network of information and communication pertaining to homelessness and hunger known as HandsNet.

  Initial start-up funding came from Apple Computer, Inc (which provided a $140,000 grant for network start-up as well as substantial contributions in hardware, software and network access) and Hands Across America (which provided a $162,000 grant for pilot phase operating costs). It is a computerized homeless resource system that has abstracts of studies on the homeless and their recommendations, all Federal grant programs, state services, all homeless shelters by county in California (with number of beds and restrictions, if any). It also lists food surpluses so that food closets can be notified. HandsNet plans to set up a bulletin board system to notify truckers so that they can transport surplus food when they are dead-heading back to their point of origin. So far 70 organizations are linked through the HandsNet system.

Now that AB 4266 has appropriated state funds, the HandsNet system will be managed by the Health and Welfare Data Center of the state Health and Welfare Agency. They will contract with HandsNet, Inc, a non-profit Santa Cruz based information service to assist in the development of the network and to evaluate the use of the new technology in improving service delivery to the homeless.

- Legislation that would make this effort a three-year demonstration project is pending before the State Legislature. AB 4266 (Farr) and SB 1938 (Morgan) await final action following the current legislative recess. The legislation has received an administration-approved "support" position for the Health and Welfare Agency.
- Examples of how HandsNet is currently being used, include:
  - Information sharing about the allocation and use of new federal funds for the homeless;
  - Coordination of use of National Guard Armories as shelters for the homeless during times of extreme weather conditions;
  - A database of demographic and poverty statistics for each California county;
  - An archive of abstracts from domestic hunger studies with brief descriptions of the methodology, conclusions and recommendations.

The Georgia legislature passed a bill that created a State Housing Trust Fund for the Homeless. The Fund has a board of directors and will be administered by the Georgia Residential Finance Authority. The legislation specifies that money in the fund can be carried over from year to year, and grants from this fund can be made to religious organizations. However, both of these provisions violate the Georgia constitution, so both most be approved by the voters as constitutional amendments on the November ballot. A further difficulty with the Fund is that, at present, it contains no money. The legislature did not appropriate any, nor did it specify how money was to be raised. The Governor proposed a special assessment, or a diversion, of real estate transfer taxes, but the legislature did not approve this source. The current situation is that the Governor is committed to financing the Fund, but the funding source remains elusive.

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Sometimes state agency rules and regulations can prohibit access to services by homeless persons even when the services themselves are available to the general public. Ohio agencies have changed a number of key regulations to better serve the homeless. Prior to McKinney, in 1985, the Department of Human Services issued a clarification of its residency requirements to permit homeless individuals to obtain food stamps, General Assistance and Aid to Dependent Children. Recently this agency relaxed its verification requirements, permitting homeless individuals to obtain benefits even without verification documents such as birth certificates, divorce decrees and so on. The person is still expected to produce these verifications eventually, but a grant will not be held up for a homeless person who cannot immediately obtain them. If verification does not exist, a statement from the client is accepted. This change was made in response to a concern that the time it took to get these documents discouraged homeless individuals from getting public assistance. Interestingly, these regulation changes are probably the most the Department of Human Services has done regarding homelessness; most of the energy and leadership in state government has come from the Ohio Department of Mental Health.

Similarly, the Ohio Bureau of Employment Services' activities for the homeless have primarily involved changes in policy and regulations. In 1987, local Job Service offices were instructed to serve people who had no address. In the same year the homeless were designated as a target group in JTPA, in response to changes in the national JTPA regulations. The Ohio Bureau of Employment Services did not apply for any of the McKinney Job Training Demonstration Program money, but eleven non-profits from the state have done so. The Department also did not apply for McKinney Veteran's Reintegration funds.

IV. SPECIFIC PROGRAM AREAS

As states and cities begin to develop programs to serve the homeless it is important that they know what has been tried already, and what works. the states visited for this report have many interesting programs already in place that serve the homeless. For each program area specified in the McKinney Act, this section presents some exemplary programs from the states visited, indicating whether or not McKinney money is involved. Also included is Connecticut's case management/case coordination program; case management is often mentioned as essential to help homeless people get all the services they need, but little case management is actually available. Connecticut's program shows one approach to providing case coordination, accompanied by a system of reporting that gives the state information about what services are being accessed.

The presentation in this section is organized by specific areas of program concern, so the reader can easily find programs that address particular service need. The section is arranged in the following order:

Shelter
Housing
Food Programs
Health
Mental Health
Income Assistance
Employment and Training
Education
Case Management

Shelter

Shelter is obviously the first need of the homeless, being the essential element in the very definition of the homeless state. Therefore the first service category reported here is shelter.

We differentiate shelter from housing. For purposes of this report, "shelter" is emergency assistance in settings where no one expects people to remain permanently, while "housing" is the development or provision of permanent residences, or the income support necessary to assist very poor people to afford available housing on a permanent basis.

Four of the six states (California, Connecticut, Ohio and Wisconsin) had legislatively established, state-funded emergency shelter programs in operation before passage of the McKinney Act. These programs provide funds for program operations, and sometimes for minor fix-up and renovations. California created its emergency shelter program in 1983, Connecticut, Ohio and Wisconsin in 1985. During their latest fiscal year, both California and Connecticut allocated approximately three times as much state money to their emergency shelter programs as their respective states received in McKinney emergency shelter grant funding (not counting McKinney shelter allocations directly to cities). Ohio's state allocation is about 170 percent of what the state receives from McKinney, and Wisconsin's state allocation is about equal to its McKinney emergency shelter grant state funding.

Georgia established a state Homeless Shelter Program after the McKinney Act passed, which receives a state allocation equal to approximately one-third of the funding the state receives through McKinney Emergency Shelter Grants. New Mexico does not contribute any state dollars to emergency shelter.

In addition to shelter operating costs, some states have made funds available for site acquisition and major renovation. These programs include:

- The Georgia Residential Finance Authority operates a Homeless Shelter Revolving Loan Program which provides an interim source of financing for land acquisition by non-profits in cases where the organization has secured permanent funding but is not able to finance the initial project development costs.
- The Wisconsin Housing and Economic Development Authority provides competitive grant money ($207,000 in 1988; $595,000 since the program began

in 1985) for one-time grants to shelters for acquisitions, renovations or expansions. The money comes from WHEDA's unrestricted reserves; assistance to the homeless is one element in WHEDA's plans for using its surplus funds to benefit Wisconsin's low income, elderly and disabled populations.

o For its first two years, California's Emergency Shelter Program required that 70 percent of its funding be used for hard costs (acquisition of property, rehabilitation, or leasing of shelters). This distribution was reduced in the 3rd and 4th program years to 60 percent and then to 50 percent. In the most recent funding cycle no hard/soft cost restrictions apply. This "first acquire them and fix them up, then run them" pattern of funding is also true for Connecticut's programs.

Some of the states we visited used first Low Income Energy Assistance Block Grant money and then Stripper Well Settlement money to finance one-time weatherization alterations in shelters for the homeless. Other states have also used Stripper Well Settlement money to help the homeless, either for shelter operating costs or for other expenses.

Housing

The key contributor to homelessness for many observers is the lack of affordable housing. In many cities the gap between the incomes of poor people and the price of housing is very wide, and getting wider. For example, the General Accounting Office (1987) estimates that in 1983 30 percent of the nation's low-income households paid over 70 percent of their income for housing. In contrast, HUD's standard of affordability is that 30 percent of household income goes for housing. In light of these facts, state activities to increase the availability of affordable housing are critical in the effort to get the homeless back into housing and ultimately to prevent homelessness.

Several of the states we visited had a number of very interesting and ambitious programs to get homeless people back into permanent housing, and to encourage the development of more affordable housing throughout the state. They range from programs to assist currently homeless individuals to locate and pay for existing housing, through housing-plus-support-services programs for specific subgroups of the homeless population (e.g., mentally ill, people with AIDS), to development of special projects for homeless or transitional occupants, and finally to massive bonding authority to expand low-income housing for all people in the state. We present state activities under these subheadings.

Assisting Currently Homeless People into Permanent Housing

Connecticut has a number of programs that help currently homeless people find and afford permanent housing. Its Rental Assistance Program (RAP), run by the Department of Housing, provides rent subsidies to low income persons or families. They must earn 60 percent or less of the area's median income, and 30 percent of their adjusted monthly income must go to rent and utilities with RAP paying the difference. This program is currently funded at $8 million per year, with 90 percent going to homeless families. Funds are administered by the Department of Housing directly or are given to municipalities where local agents such as CAP agencies or Housing Authorities are responsible for distributing the funds.

Connecticut will begin funding a second rent subsidy program through the Department of Income Maintenance in April 1989. If a family is not getting Section 8 or state housing subsidies and its rent is 50 percent or more of household income, the family will be eligible for a $50/month subsidy. The expected caseload is 18,000-19,000 eligible cases.

Beginning in October 1986 Connecticut has funded a Security Deposit Program, managed by the Department of Human Resources, that has been second only to the rental assistance funds in its ability to place homeless families in permanent housing. Under the program a security deposit totaling up to two months' rent may be paid directly to a landlord. Should the family move in less than two months, the landlord must repay the remaining balance to the Commissioner of Human Resources, and the family remains entitled to have that balance paid on its behalf to another landlord. Security deposits have helped place nearly 2,000 families in permanent housing since the program's inception.

Connecticut's Homefinders Program began in New Haven during the summer of 1986 as a pilot project in response to an especially high need at the time. The community organized in New Haven to bring attention to the problem of having too many homeless families in hotels and motels, and the state developed the Homefinders Program in response. A team of three people was hired to find housing and to negotiate rents for the homeless families. They had to convince landlords that it would be secure for them to have these families renting. The departments of Income Maintenance, Human Resources and Housing joined forces, allocating $300,000 in 1986 to provide some rental assistance subsidies. The money was adequate for 40 families. The program was subsequently expanded, and to date there have been 300 families relocated, 280 of whom have received state subsidies (the rest were eligible for Section 8 subsidies). The pilot project also demonstrated that having workers specifically to find housing frees the case coordinators to give appropriate time and attention to the families' other needs.

Housing-plus-support-services Programs for Specific Subgroups of the Homeless Population (e.g., mentally ill, people with AIDS)

The Georgia Division of Family and Children's Services manages a Homeless Families with Children Program which provides rent and utility deposits in the transition to homes of AFDC eligible families with children living in shelters. These are state funds which are allocated as grants to the counties through the DFCS system.

One of Ohio's programs for chronically mentally ill homeless persons, run by a local mental health board in Clark County, leases and maintains apartments before any clients receive placement. When clients are identified they are given intensive case management and placed in already pre-leased apartments: they do not have to look for the housing, they do not have to make the arrangements, or pay first and last month's rent. The apartment is turned over to the client, then the board goes out and leases new apartments for the next clients. There is also a consumer property management program whereby clients can earn money by assisting with the clean-up and repairs on the leased apartments.

Housing for Homeless Persons With AIDS and ARC

In California, San Francisco has embarked on a unique program to provide housing, along with support services, to homeless persons with AIDS or ARC. Called Single Room Occupancy Residence for Homeless Persons with AIDS or AIDS Related Conditions, the program serves many such people who are still dependent on drugs. In San Francisco it is estimated that 400-600 homeless persons, or approximately 10 percent of the city's homeless population, have AIDS or ARC.

The program sponsor is Catholic Charities of San Francisco County, and started serving clients in March 1987 out of a hotel south of Market Street. Because of problems with that property the program began to look for other options, and are now planning to renovate a 2-story, 11,000 square foot building into 32 SRO residences to provide long term housing for their clients. The program raised $1.7 million for the purchase and renovation of the building. Operating funds will come from HUD Section 8 certificates. The program combined various sources of funding, including Catholic Charities, the Mayor's Office of Housing and Economic Development through its Community Housing Rehabilitation Loan Fund, HUD's Section 8 Moderate Rehabilitation Program, the Savings Associations Mortgage Company, an anonymous private donor, the MacCauley

Foundation, and the McKinney Act SRO Moderate Rehabilitation program. Catholic Charities provides on-site case management, counseling, and 24-hour support services and supervision.

Connecticut also has a program for housing and support services for persons with AIDS and ARC. Bonding funds totalling $1.6 million and operating funds of $150,000 have been authorized by the legislature. An AIDS home is being purchased and renovated with state funds in the New Haven area and another in the Stamford area. State funds for these projects are augmented by private foundation funds.

Development of Special Projects for Homeless or Transitional Occupants

The Housing for the Homeless Program in Connecticut provides grants-in-aid to community housing development corporations, municipal developers or nonprofit corporations. Funds can assist with the cost of property acquisition, building construction or building rehabilitation. Eligible projects include rooming houses for homeless people or multi-family dwellings for persons or families in need of transitional housing and support services. The project began in 1985 as a pilot program. The funding pattern since then has been:

1985 (pilot) -	$ 500,000
1985 -	$3,000,000
1986(Middletown) -	$ 250,000
1986(remainder) -	$2,073,880
1987 -	$2,000,000
TOTAL	$7,823,880
(FY88 -	$7,000,000)

As of June 30,1988, $6,516,720 had been spent. The projects being funded were located in Hartford, New London, Middletown, Bristol, Torrington, Norwalk and Danbury. Two projects are scheduled to be operating by December, 1988, another eight by December 1989 and four more by June 1990. The residents in these housing projects must all be homeless and referred by shelters, welfare departments, the Department of Human Resources or the Department of Income Maintenance. To be eligible for transitional housing, families must have an adjusted income not exceeding 50 percent of the area's median household income and must have received shelter services within the past 6 months.

Connecticut's Surplus Land Program makes idle state property available for use for housing. The two projects currently being developed for the homeless through this program are Shepherd Hall and Martin House. Shepherd Hall is a vacant building located on the grounds of a state mental hospital facility, which is being rehabilitated as a 72 unit SRO and should be completed in October 1988. It will be occupied by adults (men and women) for transitional housing. Residents, who will come from existing shelters, will live there for 1/2 - 2 years and receive case management with the goal to move into permanent housing. Martin House is an apartment building owned by DMH, adjacent to a state facility, that is being rehabilitated into a 20 unit building for women with children. Plans are being made to include day care and case management.

Connecticut has also appropriated funds that the Department of Human Resources can use for grants to cover **operating and social services costs for Transitional Housing** facilities, whether these facilities have been constructed with state funds or with grants under the McKinney Act. This flexibility is one example of Connecticut's effort to establish effective program linkages between housing and social services.

The Wisconsin Housing and Economic Development Authority provides competitive grant funds to non-profit and local government sponsors for the development of transitional and SRO housing facilities for the homeless. Since 1985 $394,000 of WHEDA grant funds has been awarded to 11 projects.

Bonding Authority and Other Mechanisms to Expand Low-income Housing

In FY 87-88 the State of Connecticut has authorized $100 million in bonding authority to the Department of Housing to promote the development of low income housing as an explicit part of its strategy to combat homelessness. Several different programs, including the Housing for the Homeless Program, are funded by this $100 million. These include programs for funding the development of Mutual Housing, Limited Equity Cooperatives, Urban Homesteading, and Elderly and Congregate Housing. In addition, the State funds other community development and site acquisition/site development programs which have included emergency shelters.

Connecticut also has a PRIME program (Private Rental Investment Mortgage and Equity) that provides low interest mortgages from the Department of Housing and the Connecticut Housing Finance Agency to promote construction of mixed income, multi-family housing in the private sector. Projects must be 25 units with 20-40 percent of the units being rented to persons with incomes less than 50 percent of the area median.

The Connecticut Housing Partnership Program was developed by the Department of Housing to entice communities to develop housing for the low and moderate income population. Through this program interested municipalities set up a local housing partnership which includes the chief elected official, members of housing and development agencies, public interest groups and local urban planning and land development professionals. The Department of Housing then helps this partnership develop a local housing strategy, identify resources and provide information on housing programs and finances. Once the municipality initiates an activity, the Department of Housing will give it priority funding. It will also receive primary consideration from the Department of Environmental Protection for open space and water quality projects (sewage and land use). Once the housing activity is completed and there is evidence of ongoing activity to develop affordable housing, the Department of Transportation will increase the town grant for roads by 25 percent for that year and the three subsequent years.

This project has not yet been fully implemented in Connecticut, but has been successful in Massachusetts. A major difference between the two programs is that in Massachusetts, specific money was allocated for these programs while in Connecticut programs receive priority for use of general funds.

In **California**, voters passed **Proposition** 77 in June 1988. Advocates describe this as a "major victory for low income and homeless advocates," even though the proposition was not targeted directly at the homeless. It provides $150 million in general obligation bond financing for the rehabilitation of low income housing. Another initiative, on the **California** ballot for November, is **Proposition 84**. This is a $450 million Housing and Homeless bond measure that would provide financing for emergency shelter for the homeless, rental housing for the elderly and the handicapped, and homeownership assistance to working families. It includes $35 million to rehabilitate 33,000 new beds for the homeless in emergency shelters; $40 million to rehabilitate 22,000 residential hotel units; $15 million for a new Family Housing Demonstration Program which will produce 900 units of housing designed for single and working parent families; and $10 million for farm labor centers to produce 300 units of family housing for migrant farm workers. The program would be administered by the California Housing Finance Agency. Voters will be asked to approve $300 million in 1988 and an additional $150 million in 1990 in general obligation bonds. Chances for passage are unknown.

Ohio also supports programs to expand the low-income housing stock, as part of its homelessness prevention strategy. The Ohio Housing Finance Agency oversees two programs which serve people at risk of being homeless. In advocating housing priorities for Ohio, the Agency does not explicitly distinguish between the needs of low-income and homeless families; rather, it strongly endorses an approach that increases the stock of permanent, affordable housing.

The Ohio Housing Finance Agency administers the **Seed Money Loan and Development Loan Program.** Established in 1985, this program assists qualified sponsors to create housing developments. Housing loans stimulate the production of new and rehabilitated low and moderate income housing by financing pre-development, construction and development activities. Eligible borrowers include non-profit and public corporations. Funding was about $1 million last year, drawn from the State's unclaimed funds pool.

The second program administered by OHFA, and the one which more directly addresses the needs of the homeless and potentially homeless, is the **Rental Housing Development Program.** Established in early 1987, the program helps eligible sponsors finance the pre-development and/or construction or rehabilitation costs of low- and moderate-income housing developments. Housing development sponsors are nonprofit corporations, public corporations, and limited profit entities. Funding for the program was about $7 million last year.

Food Programs

Food is second only to shelter among the emergency needs of the homeless. We heard of no special food programs initiated from the state level in the states we visited, although Connecticut does provide financial support for the warehousing and distribution system that supplies food to soup kitchens, shelters and food banks. The McKinney Act becomes involved in food programs through its extension for one more year of the Temporary Emergency Food Assistance Program (TEFAP), and its authorization of the Emergency Food and Shelter Program (known widely as FEMA for the Federal Emergency Management Administration through which its money flows). Both TEFAP and the EFSP had been funded through successive rounds of temporary appropriations--TEFAP since 1981 and the EFSP since 1983. Although evaluations of these programs indicate that they do meet the goals set for them (Food and Nutrition Service, 1987; Burt and Burbridge, 1985), neither program is directed to the special needs of the homeless.

TEFAP provides surplus commodities--cheese, butter, non-fat dry milk, rice, flour, honey and cornmeal--packaged in 1-5 pound quantities to low-income households for home use. A recent evaluation of TEFAP (Food and Nutrition Service, 1987) indicates that less than one-tenth of one percent of TEFAP recipients are homeless. Even though most homeless individuals would meet TEFAP income eligibility requirements, the benefit, food products for home use, limits its usefulness for the homeless.

The Emergency Food and Shelter Program is well-established, and provides financial support for food and shelter operations through Local Boards of non-profit agencies which distribute funding to over 3000 private providers of food and shelter. Each state we visited had received its allocation of EFSP funding, which was being distributed according to established procedures. Approximately 75 percent of FEMA money goes to food assistance. However, much of this is in the form of food bags to homed but hungry recipients. There is no way of knowing how many recipients of FEMA food programs are homeless, but program officials at United Way of America, which serves as the program's fiscal agent, guess from the types of services being provided that most are not homeless.

Health

Most studies of the homeless show that they experience significant chronic and acute health problems, but often do not get the health care they need. After shelter and food, many who work with the homeless see health care as the next most critical need. Despite the need, however, the homeless may have a difficult time using regular medical providers; certainly they do not use medical care "appropriately," following the pattern of many poor people in overusing emergency rooms.

A number of years ago there was some debate as to whether homeless people would use even specially developed health services that met them where they were most likely to be--in or near soup kitchens and shelters, or actually on the streets. During the last few years exemplary Health Care for the Homeless programs have been established--many through funding from the Robert Wood Johnson Foundation--that clearly demonstrate both the need for health care among the homeless and the ability to design programs that reach and treat this population.

In four of the six states we visited, the city selected for focused attention had been the recipient of a Robert Wood Johnson Health Care for the Homeless grant. Most projects were in their third year of RWJ funding, and all had applied for and received McKinney Act Primary Health Services grants to continue and expand their services. Projects were located in San Francisco, Albuquerque, Cleveland and Milwaukee. We spoke with representatives of three of these four projects, and have extensive descriptions of two.

The Cleveland Health Care for the Homeless Project sponsors the Downtown Drop-in Center, which is both a clinic and a center where homeless individuals can spend the day off the streets. It operates 6 days a week, Monday through Saturday, and opens at 8:30 a.m. when most night shelters close. It provides the following services:

1. A day shelter, where homeless individuals can congregate secure from the threat of violence on the streets.
2. Primary health care facilities: screening, referral, and on-site physician care.
3. Respite care: bed rest during the day to support the recuperation of 12 to 15 ill or injured clients.

4. Nursing care: dressing changes, foot soaks, and inhalation therapy.

5. Employment counseling and referral to local employment and training services.

6. Substance abuse counseling, including drug and alcohol recovery programs.

7. Case management: professional social work resources for developing individual strategies for leaving homelessness and finding housing.

8. Mental health counseling.

9. Information and referral: connecting the client to other agencies that can assist them.

10. Rest rooms.

The Milwaukee Health Care for the Homeless Program is using McKinney money to:

1. Expand hours of R.N. and M.D. coverage at the 6 RWJ shelter and soup kitchen clinic sites, and offer new coverage to battered women's shelters and one more meal site.

2. Obtain a computer and a medical data entry staff person to facilitate consistent recordkeeping and support better health care.

3. For care to the chronically mentally ill homeless population, support 1 full-time Community Support Worker, 1 full-time representative payee for chronically mentally ill clients, and 2 psychiatrists (1 in shelters and meal sites, 1, along with a full-time nurse-practitioner, to walk the streets, identify and assess long-term chronically mentally ill individuals).

4. For care to the chemically dependent homeless population, support 2 representative payees to help people obtain housing and benefits, and to stabilize them in this placement, and 1 full-time streetworker to locate individuals and bring them into care.

5. Double the general street outreach of the project, from 2 male streetworkers supported with several small grants, to an additional 2 female streetworkers. The result of adding women streetworkers has been an ability to identify and assist more homeless families living in abandoned buildings and other situations. Streetwork is now available 12 hours a day, 6 1/2 days a week.

6. Operate a support group for people the project has assisted to get permanent housing.

7. Operate an outreach van, which has encountered 1100-1200 individuals so far, and placed 100 in permanent housing.

8. Provide continuing education and training for employees.

In Connecticut, the only pre-McKinney health care program run specifically for the homeless is in Hartford. The University of Hartford is using support from the state Department of Human Resources and the U.S. Department of Education's Fund for the Improvement of Post-Secondary Education to provide tuition reimbursement to registered nurses who have returned to school to get their college degree. In exchange, each nurse spends 8 hours a week doing nursing care in Hartford shelters, as the practicum part of a required community health course. In the shelters the nurses provide treatment for lice, scabies, trauma, food problems, and sexually transmitted diseases. They do drug and alcohol abuse educational programs, and assessments of other physical problems for which they provide either treatment or referrals. In women's and family shelters they do a good deal of education and referrals for family planning issues.

Four private providers in Connecticut have received McKinney Act funding to deliver primary health care to the homeless, but these projects are just getting started.

Shelters in other Connecticut jurisdictions have had difficulty setting up programs for nurses to provide on-site health care because programs are supposed to have an appropriate state license if they provide on-site health care. The Connecticut Coalition for the Homeless is working with state and local representatives on a resolution to this issue.

Routine use of public programs to provide health care for homeless individuals varies greatly by locality, but generally is not extensive. The situation in Georgia exemplifies some of the problems. There are 19 health districts in the state. While the state health agency has an affirmative policy toward provision of services to the homeless, at least two factors seriously impede its impact. First, funding to the districts is inadequate, so each district makes its own priorities and for some the homeless are entirely ignored. For example, state officials encouraged WIC programs to do certifications at shelter sites, but only one district (DeKalb/Decatur) is actually doing so. The DeKalb County Board of Health also uses money channeled from the state for programs for the homeless to provide part-time public health nurses to three shelters in the evenings for first aid and referral. Second, the Governor has mandated programs in some areas of health care (e.g. infant mortality), but not for the homeless.

The two strongest Georgia districts seem to be Savannah and Fulton County (which is one of Atlanta's counties). Both applied for McKinney money; only Fulton received it. The total program of physical health care facilitated by McKinney Act money is called the **Atlanta Health Care to the Homeless Project.** The lead grantee in Fulton for this money in St. Joseph's Hospital Corporation, reflecting a collaboration of the Fulton County Health Department, West End Community Health Center and St. Joseph's Mercy Care Mobile Units. These organizations wrote one joint proposal with support from the Atlanta Task Force and the Department of Human Resources, Division of Public Health, Office of Primary Health.

The program includes a range of projects which seem to be fairly well coordinated. There is even an effort underway to develop a computerized system of tracking to solidify continuity of care. One project is a fleet of three mobile vans which bring a multi-disciplinary team of mental and physical health professionals to the shelters. There is also a satellite clinic for the homeless, and a clinic specifically for women and children run by nurse-practitioners of the Georgia Nurses Foundation. With state money the GNF has been running a clinic for the homeless since 1984. Since that clinic serves 99% men, the decision was made to create a special clinic for women and children at the Moreland Avenue Baptist Church Shelter.

Finally, the state has initiated the process of becoming designated as a medically underserved area so it can utilize National Health Service Corps physicians to serve the homeless in Georgia. This is still in process.

Mental Health

Mental health problems are quite prevalent among the homeless. Many homeless persons have a history of institutionalization in mental hospitals. Others, particularly younger persons, are diagnosably mentally ill (and often also chemically dependent), but because far fewer people are hospitalized today than would have been hospitalized 15-20 years ago, they have never spent time in a mental hospital. In addition, many homeless persons are depressed and demoralized enough to need clinical treatment, whether or not they would be diagnosed as having a major mental illness.

Different surveys have shown different proportions of the homeless population who might be considered chronically mentally ill--ranging from about 20 percent up to 40-50 percent. Many have multiple problems, including chemical dependency along with mental illness. However, sometimes the acknowledgement that many homeless people have mental or emotional problems has been overgeneralized into a perception that homelessness is almost entirely a problem of the chronically mentally ill. Respondents in two of the states visited, California and Ohio, while applauding the extensive efforts of their mental health systems in extending services for the chronically mentally ill, nevertheless voiced some distress that the greatest amount of attention in their states has been directed toward the chronically mentally ill homeless, with comparatively less effort going toward helping the homeless with other problems.

In recent years, partly as a result of the numbers of homeless persons on the streets, the nation has come to recognize that the emptying of state mental hospitals since 1965 has not been accompanied by a parallel development of community-based services for the chronically mentally ill. Some communities and states have begun to compensate for this gap.

Two states we visited, California and Ohio, have recently developed, or are in the process of developing, very extensive state-supported programs for the homeless mentally ill. The comprehensiveness and organization of these programs warrants extended discussion.

In **California, the Community Support System for Homeless Mentally Disabled Persons** was established in September, 1985 (Assembly Bill 2541). The state Department of Mental Health estimated that California has between 75,000 and 90,000 homeless persons, up to 35 percent of whom have some form of mental disorder (about 35,000 homeless mentally disabled). The Department of Mental Health's activities for the homeless started in FY 1985-86 with $20 million for the provision of services to the chronically mentally disabled homeless. In 1986-1987 and 1987-88 the State allocated $20.2 million for the homeless mentally disabled (known in California as the "HMD"). The same amount is proposed for 1988-1989.

These funds are used for the homeless as well as for persons at risk of becoming homeless, as follows:

1. The State allocates homeless funds to local mental health programs. The counties directly or through contracts with the private sector provide homeless services. In September 1987, 56 of California's 58 counties received funds for the HMD. Two small counties (Alpine and Siskiyou) did not apply and therefore did not get HMD funds.

2. In addition to mental health services, these funds can be used for community support services such as food, shelter, housing search assistance, medical and dental care, transportation. Some county programs are developing continuum of care programs which attempt to address the multiple needs of the homeless mentally disabled.

3. The Budget Act of 1986 also required an independent report on the HMD. The Rand Corporation conducted this study, and its report is reviewed below, under "Reports and Studies." It showed that 8500 HMDs receive services in a given week through the program. Tables on the next two pages, taken from the Rand report (pages 28 and 30) indicate the extent and types of services available through this program, which has been very successful.

CALIFORNIA

PROGRAM FOR THE HOMELESS MENTALLY DISABLED

ESTIMATED DISTRIBUTION OF HMD FUNDS BY COUNTY AND MAJOR SERVICE CATEGORY

County	HMD Funds Allocation FY86–87 ($)	Major Service Category (Percent)							
		Case Management Only	Outreach/ Case Management	Drop-in/ Socialization	Shelter, Crisis, and Transitional Residences	Advocacy	Other	Administration	Total
Los Angeles	7,467,350	14	27	10	44	—	—	5	100
San Diego	1,290,919	—	39	18	43	—	—	—	100
Orange	1,001,717	—	30	41	24	—	—	5	100
Santa Clara	795,929	—	—	34	43	5[a]	7[c]	—	100
Alameda	988,883	—	—	11	51	12[b]	10[d]	16	100
San Bernardino	573,431	—	54	7	39	—	—	—	100
Sacramento	847,215	—	34	3	63	—	—	—	100
San Francisco	1,027,485	33	11	56	—	—	—	—	100
Ventura	298,125	—	—	—	100	—	—	—	100
Fresno	532,698	23	59	—	18	—	—	—	100
Sonoma	206,211	—	22	—	68	—	10[e]	—	100
Butte	137,742	17	62	21	—	—	—	—	100
Placer	96,552	—	100	—	—	—	—	—	100
Yolo	109,991	—	71	—	16	—	—	6	100
Mendocino	58,496	—	25	6	59	—	—	10	100
Tehama	31,011	—	39	—	—	—	—	61[f]	100
Mariposa	15,150	29	—	—	—	—	—	71[f]	100
Total	15,478,006								

SOURCES: County Short-Doyle plans; counties' applications for HMD funds; and telephone interviews with HMD program administrators.

NOTE: Counties are listed in decreasing order of population size.

[a] Advocacy for entitlements.

[b] Includes advocacy for entitlements (General Assistance and SSI) and housing referrals.

[c] Loan program.

[d] Mobile crisis services.

[e] Vocational/rehabilitation services.

[f] Includes funds for vouchers for shelters, motels, or hotels.

SOURCE: Vernez, Georges, Burnam, M. Audrey, McGlynn, Elizabeth A., Trude, Sally and Mittman, Brian S., "Review of California's Program for the Homeless Mentally Disabled." Santa Monica, CA: The Rand Corporation, February 1988. Page 30, Table 4.2.

CALIFORNIA

PROGRAM FOR THE HOMELESS MENTALLY DISABLED

NUMBER OF HMD-FUNDED BEDS

	Type of Residence					
County	Shelter	Crisis	Transitional	Long-Term	Supportive or Independent Living	Total
Los Angeles	78	20	85	63	33	279
San Diego	58[a]	14	40	—	—	112
Orange	40[a]	—	—	—	—	40
Santa Clara	55	—	20	—	57	132
Alameda	72	—	12	—	—	84
San Bernardino	44	—	—	—	—	44
Sacramento	—	14[b]	51	—	—	65
San Francisco	—	—	—	—	—	—
Ventura	—	—	12	—	—	12
Fresno	2	—	30	—	—	32
Sonoma	12	—	12	—	6	30
Butte[c]	—	—	—	—	—	—
Placer[c]	—	—	—	—	—	—
Yolo[c]	9[a]	—	—	—	—	9
Mendocino[c]	—	—	3[d]	—	—	3
Tehama[c]	—	—	—	—	—	—
Mariposa[c]	—	—	—	—	—	—
Total	370	48	265	63	96	842

SOURCES: County applications and telephone interviews.
NOTE: Counties are listed in decreasing order of population size.
[a] Includes "reserved" beds in shelters open to all homeless.
[b] Short-term unlicensed facilities.
[c] Also use vouchers for placements in motels/hotels as needed.
[d] Two transitional apartments having a total of three beds.

SOURCE: Vernez, Georges, Burnam, M. Audrey, McGlynn, Elizabeth A., Trude, Sally and Mittman, Brian S., "Review of California's Program for the Homeless Mentally Disabled." Santa Monica, CA: The Rand Corporation, February 1988. Page 28, Table 4.1.

In Ohio, the Department of Mental Health has long been active in developing services for the homeless or those at risk of becoming homeless. In addition to special state ~~appropriations for~~ housing the chronically mentally ill, the Department has committed considerable amounts from its operating and capital budgets to activities that benefit this group. It has provided $2.5 million in operating funds to the Robert Wood Johnson Community Support Programs for the Chronically Mentally Ill in Cincinnati, Columbus and Toledo, and $5 million from its capital account to these projects. Although not exclusively for the homeless, these programs are targeting on the chronically mentally ill who are homeless or who are at risk of becoming homeless. The $5 million technically is a loan to be used by non-profit development corporations in these sites to leverage other money for permanent housing. But the loan will be forgiven in 40 years if the same client population is being served. The Department has also committed $1 million to the Money and Mailboxes project in Cleveland in the form of a loan to leverage funds for permanent housing for the homeless. "Money and Mailboxes" is a program for Cleveland similar to the three community support programs partially supported by Robert Wood Johnson Foundation funding.

This commitment represents a clearly stated policy by ODMH that permanent housing, supported by services, is a critical need for the mentally ill, many of whom are either homeless or potentially homeless. They are opposed to transitional housing--such as group homes--that unnecessarily segregate and stigmatize mental health clients. Further, under the group home concept housing is viewed as a service that a client receives when his or her mental illness is in an acute phase, and not otherwise. Instead the Department feels that the mentally ill should have access to their own housing which they should be able to stay in even when they no longer require immediate mental health services from the mental health system. This housing should be integrated with non-mental health clients as well. Thus out of a 2-year $22 million capital budget that once was used primarily for group homes and emergency crisis centers, ODMH has committed $11 million for permanent housing projects. The purpose of the dollars is to leverage other funds for permanent, low-income housing that would house clients both with and without mental illnesses. Although not specifically for the homeless, this funding source has great potential to serve this population.

ODMH has encountered several obstacles in spending these funds. A major barrier to program development in the state of Ohio is a constitutional provision prohibiting the state from lending funds for housing (Wisconsin has the same prohibition). Thus the state cannot go directly into the low-income housing business. It can give grants to non-profits which, in turn, can set up loan programs. This has caused problems because ODMH wants to use its capital funds to encourage low-income housing, but cannot lend the money directly for housing. Nor can its money be used for the non-mentally ill. Thus, partnerships with other entities are necessary, but the Department cannot join in partnerships with private for-profit developers. This leaves only non-profit development corporations, many of which are reluctant to engage in developing housing for the mentally ill, particularly if ODMH clients are to be integrated with non-mentally ill persons. Thus ODMH has had problems utilizing these funds and, in some cases, has had to encourage the development of new non-profit housing corporations in order to carry out its goals.

Income Assistance

In the view of a number of respondents interviewed in the states visited, the fundamental problem of the homeless is money. If they had money, they would not be homeless, since they could purchase shelter and other essentials. Even when homeless persons have serious personal problems in addition to homelessness, many respondents who work with them expressed the opinion that if they had money, they would be housed in a stable situation and someone would be taking care of them.

Yet the homeless clearly do not have money. In some of the surveys of homeless people that asked about income, the average amount of money homeless people reported getting in the month before the interview amounted to about 1/4 to 1/3 of the federal poverty level. Yet most homeless persons do not receive public income assistance.

Many programs provide income maintenance to the poor. Chief among them are the federal AFDC, SSI and food stamp programs and General Assistance/General Relief/Public Assistance programs at the local level. Once enrolled in AFDC, SSI or GA, medical and sometimes other benefits also become available. The vast majority of homeless persons meet the eligibility requirements for one or more of these programs, but relatively few receive benefits. Rather than describe the programs as they are available to all eligible individuals, this section examines special state efforts to help the homeless obtain the program benefits to which they are entitled.

AFDC/Emergency Assistance

At their option, states may use AFDC Emergency Assistance for 30 days out of every 12 months, to help needy families with children (whether or not eligible for AFDC) if the assistance is necessary to avoid the destitution of the child or to provide living arrangements in a home for the child. States may specify "special needs" of AFDC applicants and recipients that also qualify for Emergency Assistance. Some states have specified the homeless as a "special needs" category.

Both California and Connecticut use substantial amounts of Emergency Assistance funding to assist homeless families. The California program,[4] implemented in February 1988, is intended to provide relief for homeless children and their families. It is the direct result of a lawsuit (the Hansen case) brought against the State of California following a child protective services case. The suit held that if the state provides services to a child because of the child's homelessness, then it must provide services for the whole family. Child Protective Services lost, and as a result was required to put up entire families in motels using state funds. This was expensive and the Governor sought a way to use AFDC Emergency Assistance money and to consider homeless families as having a "non-recurring special need." The bill thus expands existing non-recurring special needs provisions (for instance, needs which occur as a result of a fire or another disaster) to homelessness.

The State proposed the following. Each homeless AFDC family or homeless AFDC applicant would receive, in addition to their regular AFDC benefits:

- $30.00 per day for up to 3 weeks in shelter (a 4th week is possible)
- Payment of the security deposit, the full advance for the last month's rent and payment of the utility hook-ups when the family finds permanent housing. The rent can be no more than 80% of the AFDC grant and by law the security deposit may be no more than 2 1/2 times the rent.

There have been some problems with this provision:

1. This is a one-year pilot which, from all accounts, DHHS approved only with great reluctance. The Federal share is 50% of the costs. In 1987-1988, it cost the State $7.3 million from general funds and it cost the federal government the same amount. For FFY 1988-1989, it is expected that the state and federal shares will each be $17.4 million.
2. State and federal regulations say that clients must receive the security deposits and other money as a direct payment. Federal law does not allow vendor payment unless a money management case is opened on the client. As a result families who heretofore have never had large sums of money are handed what can amount to $1,000 or more in cash without any real checking that the money is indeed

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[4] Assembly Bill 1733, passed in September 1987.

> used for security deposit, last month's rent and payment of utility hook-ups. There have been abuses, and changes are being made. Counties are now allowed to request verification that the $30.00 per day for emergency housing is indeed being used for emergency housing. Also, families that are doubling up with relatives are no longer eligible.

Connecticut also began using AFDC/Emergency Assistance in SFY 1988 to provide 30 days of emergency housing to homeless families with children. Connecticut defined emergency housing as a special need, and has been assisting eligible homeless families with hotel/motel placements for a 30 day period. Connecticut has also used Emergency Assistance to help a family that is already in emergency housing (usually a shelter) to pay the costs associated with securing permanent housing (usually the security deposit or first month's rent). The Department of Income Maintenance administers this program, which is estimated to cost $5.2 million in combined state and federal support for SFY 1988.

Wisconsin does not use its Emergency Assistance Program to help the homeless. In the opinion of several state agency staff, expansion of the EA program would help reduce the burgeoning number of homeless families who are straining Wisconsin's shelter resources. But the state has been unwilling to commit to the 50 percent match that would be entailed.

Supplemental Security Income (SSI)

SSI is a federal program intended to provide support to very poor elderly, blind or disabled individuals. On average, receipt of maximum SSI benefits plus state supplemental payments will bring the recipient up to 75 percent of the federal poverty line. Many homeless individuals are technically eligible for SSI under various categories of disability. However, relatively few receive SSI, and some outreach projects are making special efforts to enroll eligible homeless individuals in the program. Two such efforts in the states we visited are Milwaukee's Health Care for the Homeless program and Ohio's Rehabilitation Services Commission.

The Ohio Rehabilitation Services Commission (RSC), in conjunction with St. Paul's Community Center (Toledo) and the Toledo Social Security district office, has for some time run an informal program assisting mentally disabled clients of St. Paul's to apply for and receive the disability benefits to which they are entitled. The RSC has long experienced difficulty in establishing and maintaining contact with homeless individuals, shelter residents, and the mentally ill--contact necessary to ensure proper benefit determination and payment. These groups pose a special problem for program administrators because they typically lack the requisite medical and legal documentation and are alienated from the social service network. The accelerated case review of SSI cases during the early 1980s only exacerbated the problem, with increasing numbers of people losing or failing to receive benefits.

In response, the Toledo Social Security Office approached St. Paul's about setting up a mechanism to increase the SSI/SSDI participation rate among its mentally disabled clients. The RSC was then asked for its input. As a result of these consultations, St. Paul's set aside a part of its facilities for case managers (the first few of whom were specially trained by the RSC) to make preliminary determinations of clients' potential eligibility for disability insurance. For the Social Security Office, the case managers obtain information about income and living arrangements. For RSC, they investigate medical and employment histories. Once this preliminary screening is completed, the case managers attempt to keep clients likely to qualify for assistance in the shelter until they can be referred to an RSC consultant for a thorough psychological examination. The RSC sends out consultants on a monthly basis to examine 2-4 persons. RSC receives no special funding for the program, and officials mentioned that the program is not very cost effective--determining whether a mentally disabled person is legally eligible to receive benefits requires an extremely large investment of time and energy.

Information from the Ohio Coalition for the Homeless indicates that similar efforts exist in a number of other locations in the state, where providers work with their homeless clients to facilitate the application process for SSI and other benefits. However, none of these receive funding from the state Rehabilitation Services Commission.

Milwaukee's Health Care for the Homeless Program supports outreach workers (including two psychiatrists) funded by the McKinney Act to contact homeless persons in shelters, soup kitchens and on the streets and determine their SSI eligibility along with their health, mental health and chemical dependency care needs. The psychiatrists do on-the-street assessments if necessary, and if necessary SSA eligibility workers will come to the streets or shelters to complete SSI/SSDI applications. The program has succeeded in stabilizing many homeless disabled persons, first by getting them into income maintenance programs, second by getting them into housing, and third by providing money management services to maintain a consistent payment of rent and other bills.

Connecticut has succeeded in getting most (95% according to the Department of Mental Health official interviewed) of its chronically mentally ill citizens known to DMH onto the SSI rolls. In addition, Connecticut strongly supports its disabled SSI recipients through its state supplemental payments.

State SSI supplements are usually calculated as the amount necessary to supplement the federal SSI payment enough to maintain a person in a supervised or group living arrangement if the person needs such care; less if a person lives independently.[5] They are virtually never enough to cover rental of an apartment. Prior to January 1988 the Connecticut state supplement for SSI had been based on a family's needs; it was budgeted individually, giving a rent portion equal to the rent as paid. Thus the total of SSI plus state supplement covered all of a recipient's needs, even for individuals living independently. This was a remarkably generous policy, and as far as we know unique among states. However, federal authorities required that this level of subsidy stop (even though the money was all Connecticut general funds). Therefore Connecticut began to pay rent as paid but with a $400 cap if single and $200/person cap if housing was shared. People who were getting higher amounts were grandfathered in to allow their supplement to remain the same as before.

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[5] The Federal SSI benefit needs standard is $354/month; 27 states and the District of Columbia supplement the federal standard for individuals living independently; all but 7 supplement the cost of a protective, supervised or group living arrangement.

Employment and Training

Many homeless people do not have either the education or the job skills to obtain and hold jobs that pay enough to cover housing and other living costs without public assistance. It is becoming clear that some homeless people may ultimately be able to support themselves in stable homes, but that they will need some initial help to acquire skills they can translate into good jobs. The McKinney Act recognizes these needs through its programs for employment and training, and adult education. However, such programs are only now beginning to appear.

Employment and training programs targeted for homeless individuals do not exist in most of the states we visited. The Job Service in Los Angeles County has proposed to use mobile units to assist the homeless in finding jobs. At the time of the site visit staff had been designated to work on this project, but the program was not fully developed.

Following federal directives, Ohio instructed local Job Service offices to serve people who had no address, and the Governor designated the homeless as a JTPA target group. These actions occurred in 1987; impact has not been determined. Six non-profits in Ohio have applied for McKinney Job Training Demonstration Program funding, but state officials did not know the nature of these proposed programs, nor the outcomes of the application process.

Atlanta is participating in a U.S. Department of Labor project called the **Homeless Veterans Reintegration (into the labor force) Project.** Funding for this project in 1987 came from JTPA IV-C discretionary funds, but future employment and training activities will be funded with McKinney money.

A different Atlanta program, St. **Luke's Economic Development Corporation** (SLEDCO) has three part-time veterans who act as outreach workers. The team is assigned to work the shelters, soup kitchens, employment centers and streets to identify and work with homeless veterans. The team is also responsible for taking the necessary steps to getting the veteran employed full-time, as well as referring to entitlement and service organizations. The SLEDCO program does not use McKinney money.

The Jobs Connection is Connecticut's WIN program. Generally homeless individuals do not use it, since the Jobs Connection attitude is that clients need to be in permanent housing and stable before a jobs program would be successful. This attitude is one commonly encountered among employment and training personnel in the various states we visited.

Education

No state we visited was doing anything specifically focused on homeless children and youth, or on adult literacy for homeless adults, prior to the availability of the McKinney Act programs. Since both of these programs were formula allocations not requiring a state match, all six states have applied for them. The Education for Homeless Children and Youth funding decisions have been made (in late May), and staff have recently been hired (usually in early June). The applications for the Adult Literacy program were due on July 1. All six states applied, and are assuming that they will receive funding.

The programs in the six states all closely resemble the requirements of the Act, and therefore all closely resemble each other. The Education for Homeless Children and Youth funding is being used to collect information about the presence, numbers, and educational needs of homeless children and youth, and the current barriers that exist to enrollment and consistent school attendance. These barriers may be legal--usually residency requirements of school districts that are written into state law--or practical, such as the transiency of the children's parents and the consequent short periods of time during which schooling is possible in a given district.

Once adequate information is available, state education agencies will explore ways of reducing the barriers and increasing educational attendance among homeless children and youth. For example, both Wisconsin and California are exploring the possibility of setting up a computerized information network for homeless children similar to that which now exists nationally for the children of migrant workers. The system for migrants keeps track of school records wherever the child has attended school, and facilitates enrollment and correct educational placement in any new district. Wisconsin would like to see such a system in place in the state for homeless children (and for all special needs children) within 2-3 years.

California's proposal is fairly typical of state plans for improving educational access for homeless children and youth. The state Department of Education will:

- Gather data on the number and location of homeless children and youth and the nature/extent of the access problems related to receiving an education.

- Develop and implement a State plan that allows the parent/guardian or an applicable social worker to place the child/youth in school.

- Provide a mechanism for resolving disputes regarding the placement of children and youth.

- Revise any applicable laws that are barriers to attending school.

- Assure that the local educational agency (LEA) will allow the homeless child/youth to attend school in the district of origin for the remainder of the year or will enroll the child where he/she is actually living.
- Allow the choice of placement to be made whether the child/youth is with the parent or is placed somewhere else by the parent.
- Guarantee that services for the child/youth are comparable to services provided other students (including special programs such as special education and compensatory education).
- Require that the school records be maintained so that they are available in a timely manner.

The Adult Literacy funding will be used to support local projects in each state, recruited through an RFP process. State agencies are planning to be quite selective about applicants, attempting to select those whose clients are sufficiently stabilized in transitional housing or other situations that they can give some energy and attention to the learning process. Agencies with experience with assisting homeless persons in the use of educational programs will be sought.

Case Management/Case Coordination

Many respondents voiced strong beliefs that to really help homeless people get all the services they needed, and follow up to see that the services were effective, case management was needed. They were equally sure that in most places case management did not exist. However, one state we visited has made a significant commitment to providing case management.

Among the six states visited, only **Connecticut has a coordinated case management system**, due to the fact that the state Department of Human Resources funds case coordinators in most shelters, has clear job descriptions for them, and has a reporting/tracking system. Recognizing that emergency shelter was just the first step in preventing homelessness, Connecticut's Task Force strongly recommended that the state provide supportive services to shelter clients to enable them to obtain permanent housing and to become self-sufficient. Case coordinator services are concentrated during the period of homelessness, but follow-up services are also included. The Department of Human Resources currently has a task force of government and provider representatives developing an evaluation system for case coordination, which will include follow-up contacts to determine the stability and income sources of homeless individuals assisted to obtain permanent housing.

Funding for case coordination was first provided in 1986-87, during which 27 shelter facilities employed full or part time service coordinators (out of 40). This number expanded to 32 shelters in SFY 1987-88. The state has set a goal of supplying one coordinator for every 25 adult shelter clients, and will be close to meeting that goal with SFY 1988-89 funding. Services provided by or arranged for by coordinators include child care, transportation, job search assistance, housing search assistance, security deposit program, and support in applying for various forms of public assistance and social service programs. Case coordinators gave supportive services to 16,299 people in SFY86-87. Follow-up services (after entering permanent housing) were provided to 1,761 people within 30 days, 1,271 people within 60 days, and 1,869 people within 120 days. The following table, taken from a state report, shows a statewide summary of services provided through Connecticut's shelter case coordinators, obtained through the statewide reporting system.

Connecticut also funds outreach, assessment and case management services for the homeless chronically mentally ill through its Department of Mental Health. Both outreach/assessment and case management staff are housed at community mental health centers. In theory, the outreach/assessment person visits shelters to assess the mental health status of shelter residents

CONNECTICUT - CASE MANAGEMENT

STATEWIDE SUMMARY OF ACTIVITIES
SERVICE COORDINATORS
1986-87

	ACTIVITIES	CLIENTS SERVED
A.	INITIAL ASSESSMENT	8,671
B.	DEVELOPMENT OF CASE ACTION PLAN	5,357
C.	CASH AND MEDICAL ASSISTANCE	5,920
	1. REFERRAL TO DEPARTMENT OF INCOME MAINTENANCE	805
	2. REFERRAL TO LOCAL GENERAL ASSISTANCE	3,191
	3. OTHER	1,924
D.	ARRANGING SCHOOL REGISTRATION FOR CHILDREN	226
E.	ARRANGING DAY CARE FOR CHILDREN	157
F.	ASSIST WITH TRANSPORTATION PROBLEM	2,817
G.	ARRANGE CONTACTS WITH FAMILY/FRIEND	928
H.	ARRANGE INTERPRETER SERVICE	573
I.	HOUSING SEARCH/PLACEMENT	9,151
	1. INFORMATION AND REFERRAL	5,962
	2. DIRECT PLACEMENT BY SHELTER STAFF	427
	3. PLACEMENT BY A REFERRAL SOURCE	488
	4. SELF PLACEMENT BY CLIENT	2,274
J.	EMPLOYMENT DIRECTED	5,892
	1. EMPLOYMENT ASSESSMENT	2,523
	2. JOB DEVELOPMENT	456
	3. SELF PLACEMENT BY CLIENT	732
	4. DIRECT JOB PLACEMENT BY SHELTER STAFF	452
	5. JOB PLACEMENT BY REFERRAL RESOURCES	647
	6. CLIENT FINDS JOB ON OWN	1,082
K.	HEALTH REFERRAL	3,176
L.	INFORMATION AND REFERRAL (OTHER)	6,274
M.	COUNSELING	7,963
N.	ARRANGED HOME MANAGEMENT AID	327
O.	OTHER	5,601

SOURCE: Connecticut Department of Human Resources, "People without Homes: The Problem and the Response." Hartford, CT: Department of Human Resources, February 1988. Table 7.

who have been identified by shelter operators as in potential need of mental health services. If the outreach worker assesses the resident as appropriate, a mental health case manager is assigned to his or her case. Ideally the assignment of a mental health case manager would relieve the DHR-funded case coordinator of all case coordination responsibilities, and the resident would be transferred to the mental health case manager for all service needs (not just mental health). In practice the relationships among the outreach/assessment person, the mental health case manager, and the shelter-based case coordinator are still in the shakedown process in most facilities.

In other states it was hard to tell how much case management actually occurred. The Georgia Department of Mental Health has a case management system for 300 chronically mentally ill persons, but many of these are not homeless. The staff of 10 caseworkers and Human Service Technicians go out and see clients at homes, day shelters, shelters and on the streets. This "case management" means identification, assessment, linking, monitoring, advocacy and coordination. Ohio respondents said that several programs had case management systems, but there is no state policy or guidelines regarding case management.

In California respondents often cited a continuum of services as essential to truly assist the homeless. However, in the opinion of respondents many providers are very small, run on a shoestring, and are unable to provide the necessary case management. Another concern expressed by California respondents was that lawmakers might lose interest in the importance of programs for the homeless if providers could not produce evidence that the programs worked. Good case management with accompanying documentation seemed to many to be the best way to make the case about what works and what does not work. These data are not presently available in California.

V. OTHER MCKINNEY ACT CONCERNS

Duplication of Services

No one interviewed in any of the states we visited was seriously concerned about duplication of services. The general sense was that the need was so great that even if two separate but identical programs were funded, there would be more than enough homeless people for them to serve. The only voice of even minor dissent to this position came from a Connecticut state official who felt that, because federal agencies other than HUD did not require applicants for McKinney money to submit either state or local CHAPs, they sometimes funded a program in a locality that already had a similar state-funded program when another locality had no such service. This view did not go so far as to maintain that the federally funded program would not have sufficient clients to serve; it merely expressed the idea that another geographical area might be more seriously in need of the funding for that purpose. Since Connecticut's Department of Human Resources has a very good handle on what is happening around the state, this official felt the state could have made the best decision about distributing resources. Of course in states where state agencies do not have so much information, federal agency decisions may be just as appropriate as state decisions.

Needed Services, Service Gaps

Low-Income Housing

There was overwhelming consensus among everyone interviewed in every state that the overarching gap creating homelessness was the lack of affordable low-income housing. Virtually all of the blame for this circumstance was laid on federal policy. The local respondents were unanimous and vociferous; state-level people were equally unanimous, especially about the withdrawal of the federal government from the housing business and its effects. State officials in non-housing agencies were as clear as local people about the need for the state to take steps to create more low-income housing. Housing authorities and legislative representatives were in substantial agreement but were somewhat less adamant--perhaps because they actually have to come up with the money and the programs to make it happen.

Respondents were somewhat less clear about the appropriate mechanisms for creating affordable housing (new construction, renovation and subsidies were all advocated, and all are being tried to some degree). However, all providers and many state officials maintained that the current system of emergency shelter care was merely "patching" a crumbling structure, and could not compensate for the basic lack of affordable housing.

The issue of SRO housing also was mentioned in several states, as a necessary element in the overall creation of more affordable housing. There has until recently been both state and federal resistance to supporting either physical renovation or subsidized rents for this type of housing, which is nevertheless perceived as the most reasonable approach to speedy affordable housing for many disabled homeless persons.

Only Connecticut among the six states visited had a clear, state-level policy commitment and a plan for dealing with preventing homelessness through the development of low-income housing, as well as supplying interim bandaids in the form of emergency services. However, even in Connecticut the Coalition for the Homeless argues that the state legislature has refused to create the mechanisms for state overrides of local zoning and other restrictive ordinances. The state has chosen to deal with municipalities through a range of incentive programs (described above), rather than through coercive approaches.

Permanent Affordable Housing with Support Services

Certain segments of the homeless population are perceived to require long-term (often lifelong) assistance with meeting housing costs, and also to require some level of supportive services. The chronically mentally ill and the chronic substance abuser are usually mentioned as two (overlapping) groups of homeless with long-term inabilities to provide for themselves. Supportive services need not be live-in; considerable success has been achieved by several programs we visited (notably the Health Care for the Homeless projects in Milwaukee and Cleveland) with money management/representative payee arrangements as the basic supportive activity (once clients get SSI or other benefits), with service coordination supplied as needed. Some respondents also mentioned long-term sober living facilities for recovering substance abusers.

Homeless women were a third segment of the homeless population in need of supportive services coupled with housing. Specifically, some respondents noted that some homeless women with children were afraid to seek services for fear their children would be taken away from them--either because of their homelessness *per se* or because they had additional problems with either mental illness, chemical dependency or both. Other respondents noted the needs of women who had suffered multiple types of physical and sexual abuse, including repeated abusive relationships as adults, to receive supportive services in a transitional living situation providing housing for up to two years.

Emergency Service Gaps

Case management or case coordination for currently homeless persons was repeatedly mentioned, so that clients could access the services and benefits which they needed or to which they were entitled. As noted previously, only Connecticut has made a serious commitment to supply case coordination services to all sheltered persons. Case management in the other states visited is described as spotty to non-existent.

Health care is seen as another serious gap, most especially in localities without a Health Care for the Homeless program. These programs now have a long enough track record to demonstrate how much can be done to deliver health care to the homeless, and to develop numerous techniques for actually reaching homeless people who need health care. "We don't know if this will work" should no longer be a viable excuse for failure to support health care programs for homeless persons.

Lack of transportation is often mentioned as a "generic" gap that affects many aspects of being homeless. Lack of transportation (among other things) keeps homeless children from attending school, keeps homeless persons from reaching needed services (or offices where they need to go to apply for benefits), and keeps homeless adults from access to jobs.

Services for homeless children, from day care to Head Start to public school education to mental health care, are an acknowledged gap everywhere. Dually-diagnosed persons (mental illness and chemical dependency) and homeless or near-homeless youth (including foster care children who are "aging out" of the care system) are also frequently mentioned as groups in the homeless population who don't "fit" neatly into a category and therefore are often refused services. A number of respondents in California expressed the opinion that failure to help the homeless youth of today was shortsighted, since they were likely to become the difficult-to-serve homeless adults of tomorrow.[6]

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6. This perception is supported by data from a recent Minneapolis study (Piliavin, et al. 1987) that indicated more than 1/3 of the homeless had spent some time in foster care--a much higher proportion than for the general public.

Gaps in Preventive Factors

In addition to the universal agreement that lack of affordable housing contributes to homelessness, respondents cited several other factors that may be construed as service gaps. Inadequate levels of public benefits (AFDC, GA, housing benefits, SSI, food stamps) were often mentioned, and may be the flip side of the "affordable housing" dilemma. Educational and job skills deficits were often mentioned as reasons why the homeless cannot be self-sufficient. Respondents believed that remedial efforts were necessary for those currently homeless, but equally important were similar services that helped "homeless-vulnerable" people with literacy and job skills so they could make an adequate living. In the same context respondents mentioned increases in the minimum wage to levels that made housing affordable. Most of the issues covered here pertained to the disjuncture between housing costs and disposable income, and represented different ways of closing this gap.

A somewhat different focus was the recognition that most programs for the homeless were funded in ways that prohibited them from serving "doubled-up" persons and other near-homeless people. Yet respondents believed that if they could help these people obtain needed benefits or meet other needs they could prevent additional episodes of homelessness.

Barriers to Service Receipt

The difficulties in the process of applying for public benefits were mentioned in every state as barriers to service receipt, although many examples pertained to specific benefit programs. Homeless persons with case coordinators were generally perceived to fare much better at getting benefits than those who were left to try on their own. California's Rand study documented that only 2 out of 5 homeless persons eligible for SSI received these benefits in the California counties studied. The benefits of a case manager can be seen when one compares this to the situation in Connecticut, where the Department of Mental Health estimates that approximately 90-95 percent of its chronically mentally ill clients receive SSI, or in Wisconsin where the Department of Health and Social Services says that most of the chronic alcoholics known to the department are SSI recipients.

Application difficulties consistently mentioned across states and across benefit programs are lack of information about programs, lack of outreach, applications difficult to fill out, long waiting times and office locations inconvenient to shelters. But the biggest problem with applications for the homeless is assembling and hanging onto the necessary documentation. This can extend to birth certificates, picture IDs, and proof of residency--all quite difficult for the homeless to produce, for different reasons.

Homeless persons also still encounter problems with benefits programs because of a lack of a fixed address. This has been a problem with food stamps (despite repeated policy clarifications from the federal level) and with WIC. A number of Ohio officials mentioned that homeless persons were unable to receive WIC benefits because they did not have an appropriate address and administrators of the WIC program in Ohio did not accept shelter addresses. The Ohio Coalition for the Homeless brought this problem to the attention of the Department of Health which, in conjunction with the Department of Human Services, has removed this barrier and WIC recipients are no longer required to have a permanent home address.

Residency, and a fixed address, is a particular problem with children who need to enroll in school. In all states visited except Wisconsin school residency requirements are a substantial barrier to the enrollment of homeless children. In contrast, Wisconsin state law requires any school district to serve any child residing, however temporarily, within its borders, in exchange for which the state contributes substantial equalization payments to help less wealthy districts provide equal education across the state.

Federal SSI administrative practices earlier in this decade resulted in large numbers of mentally disabled individuals being terminated from the SSI/-SSDI rolls and increased the difficulty of obtaining an initial determination of eligibility. Respondents in several states cited these practices as having created a serious barrier to service receipt for many extremely vulnerable individuals, some of whom subsequently became homeless.

Some providers cited homeless individuals' personal problems, including drug and alcohol abuse, as barriers to their receiving services. Others noted a pattern of going on and off of benefits programs due to an inability to follow through on required recertification procedures. Some programs have solved these problems even for heavy substance abusers with a combination of benefits determination, housing placement and money management (appointing a representative payee to receive the benefits, pay the rent and other bills, and give the client the remainder in small installments) so that previously homeless persons become and remain housed in stable circumstances.

Barriers to Program Development--Specific to the McKinney Act

Many people in every state mentioned specific problems with the McKinney Act, although they also said they were very happy to have both the money and the federal recognition of the problem that the Act implies. Specific problems fell into two categories, substantive and procedural.

The dominant substantive difficulty with the McKinney Act, in the perceptions of all state and local people, was its heavy focus on bricks and mortar for emergency shelters, its extremely limited provisions for operating costs and staffing, and its relative lack of focus on serious prevention efforts. As to the latter, the general feeling could be categorized as "it's nice to have it, but it can't compensate for the lack of low-income housing." Respondents noted the irony that HUD requires a provider to operate a service on a particular site for 10 years. Yet the Act provides no money for the operating costs for all 10 years, only money for structural rehabilitation before program operations even begin.

The disjuncture in the Act between bricks and mortar and other program elements (staffing, maintenance costs, special services) is substantive, but also took the brunt of procedural criticism. State-level people felt they had a difficult time planning a comprehensive approach to homelessness because they did not control all of the pots of money and they could not be sure, because some of the pots were competitive at the national level, that funding would actually be available for key elements of any plan they devised.

This same complaint was frequently voiced at the provider level as well. Many local people spoke of the difficulties of putting together a program under McKinney, when you had to get your building from one pot of money, your staff from another, your operating expenses from a third, each controlled by a different federal agency with whom you had not previously dealt, from whom you had no assurance of funding, and from whom both RFPs and funding arrived on unpredictable schedules (proposals being due too soon after an RFP came out and money not coming through soon enough).

Not only was it difficult within the McKinney Act constraints to put together a comprehensive program plan, but the application process was often described as excruciating. RFPs release dates were too closely spaced, and many providers spoke of "proposal burnout" from having to write one proposal after another. They also mentioned that most of them do not have administrative staff to write proposals.

Some state agency people and some providers and advocates felt that the CHAPs were not being used effectively. One California provider called it "a process gone awry." The CHAP entails no accountability, it is not complete, and state and city CHAPs were not usually prepared with any knowledge of each other (and some states still do not know what the CHAPs for specific cities contain). Federal agencies other than HUD do not require applicants to submit either a state or federal CHAP, and therefore have no basis for telling how a proposed program fits into either what exists or what may exist in the very near future. In most states people felt that the CHAP process could have been used to create an overall state blueprint or plan, but that this has not happened.

Specific problems with HUD restrictions on the Permanent Housing for Handicapped Homeless Persons and Transitional Housing for the Homeless programs were mentioned repeatedly. These were:

- The turnaround time between issuing the RFP and requiring a response was too short for any applicant that did not already have a deal practically signed, sealed and delivered to put together a viable program and obtain the required signoffs.

- Although HUD was informed of this, and indeed had to issue a second round of the RFP because they did not have enough applicants the first time ($5 million in applications for $30 million in funds), HUD made the turnaround time for the second round even shorter.

- "Site Control" problems. HUD insisted that an applicant assure access to the proposed program site during the entire application process, which could be as long as 6 months. Few landlords are willing to hold a building for that long with no assurance from HUD that the program will ultimately be approved. If an applicant did not already own the building in question, the applicant had to risk its own money in whatever type of guarantee the landlord was willing to accept. Few applicants could work out this type of arrangement, especially on short notice.

- "No displacement" problems. HUD required that no building could be used for these programs if anyone who lived there would be displaced by the conversion to program use. In cities with many vacant properties that could be condemned or foreclosed on and turned into program sites this posed no problems. But in many places building that were 75-90 percent empty, with eager landlords, had to be passed up because of the "no "displacement" rule. A number of subterfuges were developed by applicants to get around this, but some providers felt that, since there was no way to be honest and apply, they chose not to apply.

Finally, there was a good deal of testimony that prospective applicants often could not come up with the required match. Granted that part of the

McKinney Act rationale was to use federal funding to stimulate states to further action, it is too simple to assume that there is no need in the state just because state level decisionmakers, including legislators, refuse to come up with match money. Numerous state-local barriers to program development, listed below, attest to the difficulties potential providers face in finding matching funds from state and local governments, independent of the needs of the homeless people who come to them for help.

Respondents were also worried that federal officials would conclude there was no need for specific services--most often mentioned were transitional and permanent housing--because they had received few applications despite giving potential providers two chances. Respondents insisted that the restrictions accompanying the funding made it practically impossible to obtain, even though these types of programs are sorely needed in many communities.

One strong preference voiced by state and local respondents alike was that Congress go ahead and trust local decisionmaking and put the entire amount into a block grant form, to be used for services for the homeless according to the best judgments of states and localities. Needed services and programs shift quickly at the local level as certain basic needs are met and providers move on to tackle the harder problems of long-term solutions. Congressional processes are too slow and federal laws are too cumbersome to respond with sufficient flexibility to the different needs of jurisdictions at very different points in the development of services for the homeless.

Other Barriers to Program Development

Barriers to program development range from basic perceptions about the nature and extent of the homeless problem to state constitutional restrictions, resistance of localities to housing development, and some very specific issues. Classic urban-rural conflicts and antagonisms come into play in some states when dealing with homelessness. Rural perspectives tend to see homelessness as strictly an urban problem, and urban perspectives tend to see rural areas as "dumping" their homeless problem in the big cities. Respondents in Georgia, New Mexico and Wisconsin, among the states we visited, perceived that rural areas had a major influence in their state legislatures, and that commitment of state funds and energy to addressing the issues of homelessness have become mired on this common battleground. Program development, of course, suffers due to lack of resources.

Constitutional prohibitions on state funding of housing exist in both Ohio and Wisconsin, making it difficult to find an entity that can legally put together a housing development project and also has the technical skills and desire to do so. Proposition 13 constitutionally limits the State of California's taxing authority, with consequences for many government programs including those for the homeless. Constitutional requirements in Georgia prohibit giving state funds to religious entities--since most of the providers of homeless services in Georgia have a religious connection, this poses a substantial difficulty and is currently up for constitutional amendment with respect to the Trust Fund. In Wisconsin the Governor constitutionally has a very powerful line item veto, which the present governor has used to veto a transitional housing program for the homeless, among many other items. This constitutional provision is also on the docket for amendment, having passed its first vote in the legislature.

Perceptions from the Local Level

Although the largest part of this research effort focused on state activities as seen by state-level actors, we also sought from local government officials and local service providers their perceptions of state and federal program support for homeless services and solutions to homelessness. Local officials and providers were contacted in one major city in each state (San Francisco, Hartford, Atlanta, Albuquerque, Cleveland, Milwaukee). In this section we describe local responses to questions about relations between local governments and providers and state agencies. These are often general; where they are concrete they usually pertain to specific laws, agency attitudes or circumstances in the state in question.

General Perceptions of State-Local Relations. With the exception of Connecticut, local respondents indicated that their state governments did not provide overall state leadership on homeless issues, did not have an overview or comprehensive plan either for emergency services for all groups among the homeless or for serious prevention efforts, and were more responsive than proactive. In Connecticut local respondents do feel that the state government provides overall leadership on homeless issues. Local (e.g., Atlanta, Milwaukee) or statewide (e.g., Ohio) coalitions of providers and activists had supplied the leadership, often even after McKinney. For example, in Ohio the Coalition actually wrote the CHAP. In four states, Georgia, New Mexico, Ohio and Wisconsin, local respondents felt that the need to respond to the McKinney Act provisions has promoted more (or some) state government activity, including more efforts at state-local communication and coordination.

Local respondents also mentioned specific widespread attitudes that made it hard to find support for services for the homeless. Respondents in both Georgia and New Mexico mentioned statewide perceptions that homelessness was concentrated only in the state's largest city. Rural representatives were seen as influencing state legislatures so that little or no support was forthcoming for homeless programs. Local respondents in California, Ohio and New Mexico mentioned that state agencies, legislators and others in positions of power perceived the problem of homelessness largely in terms of the chronically mentally ill; programs for other groups among the homeless, or even for chronically mentally ill homeless with other problems (e.g., substance abuse), were hard to come by.

Specific Barriers Relating to Local-State Relations. Virtually all local (and some state) respondents mentioned the resistance of towns, municipalities or neighborhoods to development either of shelter or other emergency services or transitional or permanent housing. States, for their part, have mostly either not considered or have been unwilling to override local self-determination to require municipalities to shoulder their share of the burden. Cities with the largest homeless populations and the most services would prefer to see more services developed elsewhere around the state (to the point of offering technical assistance and even, in one instance, money), so that homeless people will not migrate from small towns to the major cities. Local respondents did not see that this was likely to happen without strong state leadership, however.

In Ohio, the Department of Mental Health's programmatic emphasis on permanent scattered site housing for the mentally ill is supported by many local providers, although the issue has sparked some controversy. "Scattered site" housing means a 10-unit housing project might own 10 apartments in 10 different buildings in 3 different neighborhoods, which housed 20 previously homeless individuals. However, because HUD favors the group home concept (e.g., acquiring a single building and using it to house all 20 previously homeless individuals), local providers run into conflicts over this sharp philosophical difference when they try to design programs that would use both state and federal funds.

In New Mexico local providers have primarily had problems with the state's Mental Health Bureau (in the Department of Health and Environment). The Bureau sees the intent of McKinney to be service only to the chronically mentally ill--specifically schizophrenics who were deinstitutionalized in the last 20 years.

However, if a service program limits itself to the chronically mentally ill, there is a severe limitation being placed on the number of people receiving mental health services. Currently only 1/3 of the client population is chronically mentally ill. Providers feel this policy ignores the stresses of homelessness and the causes of homelessness. Presently there are not enough beds in the public hospital and only one transitional housing program for the mentally ill. The State wants the Albuquerque providers to give services to the chronically mentally ill on an outpatient basis, when the providers perceived that their clients needed more support than can be given in this way. The state does not fund any mental health workers to go into shelters, and most shelter workers are ill equipped to deal with mental health problems. Further the state does not want the providers to use the same pool of money to support any substance abuse counseling, even when the same chronically mentally ill person may also be a substance abuser, because the Mental Health Bureau has no responsibility for substance abuse (and the responsible department is not interested in funding services for the homeless).

Also in New Mexico, the Department of Health and Environment has traditionally not had much interaction with the City of Albuquerque. The City is interested in gaining more administrative control over state funds allocated to it, but HED is adamantly against relinquishing any control. The City of Albuquerque's relationship with the Department of Human Services is much better because HSD favors giving the local units more control.

In California, Proposition 13, the "tax revolt" initiative of the early 1980's, continues to constrain state options. The June 1988 ballot contained an effort to change the spending limit (Proposition 71), but it was defeated. The spending limit puts a constraint on the legislative process, making it difficult to get new bills signed. According to one of the interviewees, the legislative process is so inadequate that advocates resort to the ballot process. Two such efforts, Propositions 84 and 95, were described above.

Another California problem was "flood plains." California law prohibits the placement of a shelter in a flood plain zone, but in some jurisdictions large proportions of the land are in flood plain zones, thus severely restricting possibilities for emergency services. Providers feel that there are many ways to handle the flood danger, but remain stymied by this constraint. Also, slow growth policies in many California communities effectively prohibit low-income housing developments. California also requires that workers be paid at least minimum wage. Thus persons cannot be hired in exchange for room and board and a small stipend if the stipend is less than what would be received if the same person were paid the minimum wage.

In every state we learned of very state-specific and local-specific barriers to program development. We cite Georgia's list here to give the flavor of a typical list, even though some specific items might change from state to state. Often the barrier and the type of service are integrally connected.

- In renovating city shelters using HUD funds, city contractors have to pay the Davis-Bacon wage rates. Atlanta is a non-unionized city, and to comply with the Davis-Bacon Act, contractors must pay a wage rate comparable to union wages for each industry involved. This has caused a problem for the city in using Community Development Block Grant funds.

- Fire codes which are unevenly enforced, are unrealistic and costly to shelters. Fire codes and other standards seemed to be a statewide problem, especially with churches getting into the shelter business after just intending to open a temporary shelter in the church's basement.

- In Atlanta, one provider mentioned the Inspector A and Inspector B syndrome, where one inspector does a preliminary check and says everything is okay, and then another inspector comes in and cites them with numerous violations.

- Because HUD has categorized people with AIDS as diseased rather than handicapped, HUD money is not available for a PHHHP shelter specifically for this population.

- There is little happening in the area of eviction protection and the law prohibits GRFA from using McKinney money for rehousing.

- It is difficult to leverage money from any source for the long term issue of providing low cost housing. In part this is seen as a perceptual problem, of people thinking that emergency shelters answer the need.

- Georgia has some particular problems in its service operation. e.g. the average expedition of a food stamp application is 25 days, and should be five days. There is no entity or procedure in place to handle complaints in this area.

- Within the city of Atlanta there are regulations regarding construction that make low-cost housing development extremely difficult. For instance, public utilities now require no-maintenance installations in new housing. These are quite expensive. Similarly the city requires high-cost on-site piping installation and particular road requirements which make the development of single family housing unprofitable. In the past year the city of Atlanta issued only 300 building permits compared to 5,000 apiece for each of the surrounding counties.

- Staff of the Mental Health Association were critical of mental health providers who view these issues through the medical model, having requirements such as psychiatric assessments. They see this framework as a barrier to providing what clients really need, and recommend a client-driven approach.

- Related to this, the costs of risk and liability insurance, and related complications, are seen as preventing the service system from engaging in the provision of flexible non-traditional models.

- The reimbursement mechanisms which require clear quantification of services also impedes creations of flexible systems.

- Until recently the prohibition of providing state funds to church-related organizations posed a problem in Georgia since the religious community leads in the response to homelessness.

- Scarce resources. For example, although people are given Section 8 vouchers they may not be able to find appropriate housing in Atlanta. The vouchers are valid for anywhere in the county, so people go outside the city for more reasonable housing, then find they have no transportation back to jobs, appointments, etc.

- There is a need for public education so that neighborhood coalitions will stop resisting the arrival of community residential facilities in their neighborhoods.

- There is a need for more innovative approaches to food stamps--allowance of purchasing prepared soup kitchen meals, pooling, etc.

Data Collection

"Data collection" means many different things in the context of state homeless activities--from routine reports on the characteristics of clients served, through surveys of agency programs or capacity, to commissioned studies on special topics. In this section we concentrate on the first of these, and only briefly mention the second type of research effort. Commissioned studies are reviewed in the following section.

At a minimum, four states we visited (except Georgia and New Mexico) required shelter grant recipients to report periodically on the numbers and characteristics of their clients. We review reporting requirements for Connecticut and Wisconsin. Connecticut requires monthly and quarterly reports from shelters receiving state support, covering: total number of clients, whether they are single or family members, sex, age, former accommodations, ethnic characteristics, employment and welfare status, and, for the facility as a whole, the total number of bed nights available and used, and average length of stay. Wisconsin requires monthly reports from state-funded shelters giving unduplicated counts of new persons receiving shelter during the current month and for the year as a whole (reported separately by single persons and members of family groups). Quarterly reports require unduplicated counts, by quarter and year-to-date, of persons receiving shelter, number of shelter days, number of persons turned away, average length of stay, and client characteristics (single/family member, age, race, length of Wisconsin residency, public assistance recipients [AFDC, General Relief, SSI, Veterans, Benefits, Unemployment Insurance, Worker's Compensation], reasons homeless, high school graduates, physical handicaps, criminal justice involvement, past and present receipt of psychiatric or chemical dependency treatment. The facility must also report the types of services, in addition to shelter, that they regularly provide.

If, as in Connecticut, the state gives some funding to all shelters, these reports cover all shelters. In Wisconsin they cover only the half of all shelters which receive state or federal money. In states like Ohio and California, where two or more state agencies supported shelter programs for different segments of the homeless population (e.g., mentally ill, chemically dependent, domestic violence, "regular"), it was impossible to tell what proportion of existing shelters had to report to any state agency and which were omitted from the counts of all agencies. In any event, in these cases each state agency had its own data requirements with little consistency across state agencies, making the compilation of statewide data very difficult.

In California two departments--the Department of Employment Development and the Office of Criminal Justice Planning (homeless youth and domestic violence programs) require their grantees to establish service goals for their programs and to report quarterly on how well they were achieving these goals. Grantees also had to collect demographic data on clients being served, and data on the types of services received. Some California respondents felt that this kind of reporting should be required of all programs and should be a requirement for the CHAP. In Ohio, the Emergency Shelter Program collects data on clients served. The Department of Mental Health and the Department of Development--both departments with McKinney programs--were revising their data collection instruments to enable them to provide more information. Ohio requires all agencies receiving McKinney money to complete evaluation forms quarterly, documenting that they are achieving projected levels of service.

In addition to the core data collection on service recipients, states undertake a wide variety of other data collection efforts. Many of these are reviewed below, under "Reports and Studies." One additional type of data collection effort is a survey of agencies in the state to discover what services they actually provide to the homeless, whether or not this is their primary mission. In Ohio in the fall of 1987, the Office of Community Services surveyed Ohio Community Action Agencies participating in the CSBG program. It found that the Community Action Agencies were carrying out a wide variety of activities to assist the homeless, including operating shelters, providing food, clothing, medical help, and job placement, rehabilitating housing units, conducting studies, and conducting case management. The survey thus found that, prior to McKinney, many Ohio agencies were offering services and facilities relevant to the needs of the homeless.

In California early in 1987, before the McKinney Act passed, the state Health and Welfare Agency surveyed county welfare departments, county mental health programs, area agencies on aging, district offices of the state Department of Rehabilitation, employment development field offices, county alcohol and drug programs and veterans' programs to determine the services they offered the homeless, and how many homeless individuals they estimated were served in SFY 85-86. On average, 80 percent of agencies surveyed responded, indicating the availability of a wide range of services and of substantial assistance to homeless individuals within the context of regular program operations.

Reports and Studies

In this section we review reports, studies and other publications available from the six states visited for this study. In general, few state publications relate directly to homelessness. We have divided what we found into three categories: (1) state homelessness task force or coordinating council reports; (2) special research studies commissioned by task forces or other government agencies; (3) State Comprehensive Homeless Assistance Plans, required by the McKinney Act before states can receive funding through the housing programs authorized by the Act.

States also produced several other types of materials which we collected during interviews, but will not review here. These included descriptions of specific McKinney-funded programs in the state, and overviews of the McKinney Act programs for the purpose of informing potential applicants for funds of program availability and application requirements. A final category of publications was actually the most plentiful, consisting of documents describing regular state programs (e.g., education programs, welfare programs, housing programs) that the homeless might use if eligible, but which were not specifically geared to serving the homeless. In most instances these documents did not have any special discussion of the homeless, or of how the regular state services could or should be adapted to accommodate their needs. Occasionally a recently revised program document would contain such references. However it is clear in all the documents in this category that the programs are primarily set up to serve non-homeless people and that no major changes, waivers or special provisions are contemplated to make them more accessible to homeless adults or children.

State Task Force Reports

Four of the states we visited--California, Connecticut, Georgia and New Mexico--had task force reports written, or commissioned by state government. Connecticut had three such reports, the first two written by the task force and the third, after much had been institutionalized, written by the Department of Human Resources. Neither Ohio nor Wisconsin had state task force reports. The Ohio study reviewed below (Roth et al., 1985) had already supplied Ohio with a comprehensive statewide picture of homelessness, service use and service availability.

Taken as a group, the reports covered many of the same topics, indicating their function as educational and strategic documents as well as compilations of facts. All of the task force reports reviewed had a section describing factors contributing to homelessness, and all named affordable housing, deinstitutionalization, and substance abuse. Several also mentioned unemployment and domestic violence, and all mentioned specific local issues such as the presence in a community of a state hospital or prison, shutdowns of major local employers, or the local employment of migrant farm workers who experience periods of unemployment and accompanying homelessness.

All reports also covered the array of state resources available for the homeless, and most included local government and private resources when these were significant and regular. Finally, all task force reports included recommendations, conclusions and opportunities for action. The specifics of their recommendations depended to a great extent on the stage of development that the state's homeless services had reached.

Three states (California, Connecticut and Georgia) included information in their task force reports on the characteristics of the homeless in their state; two reports (California and Connecticut) included information on estimated numbers of homeless, and the number of homeless served by state-supported and other shelters. Two states (California and New Mexico) described federal programs and resources that, while not specifically targeted to the homeless, may be used to assist them (e.g., AFDC, food stamps, Social Services, Community Services and Community Development Block Grants, SSI/SSDI, Veteran's benefits, Job Training Partnership Act, Section 8 housing certificates). Two states (California and Connecticut) described special programs in their state, and California described exemplary programs from around the country.

Strategic Approach. All task force reports devoted some space to describing their beliefs about the need for long-term solutions to the problem of homelessness, but some were more articulate than others about what the steps are and how they are to be accomplished. Connecticut was very articulate about steps, including emergency response, supportive services, stabilization services and the development of adequate supplies of permanent affordable housing. The 1986 Connecticut report (p.3) stated that "the members of the Governor's Task Force on the Homeless recognize that homelessness is in large measure symptomatic of larger social problems. As a consequence, the Task Force is committed to a wholistic approach..." In their 1988 report, Connecticut reported on its programs geared to this "wholistic approach," and deserves to be quoted (p.29):

> The resources we are committing in Connecticut today [$26 million in state funds, not counting bonding authority] are focused directly on intervening in the downward spiral into poverty, with job training, day care and other services, to help people become, and remain, economically productive, and to not be homeless. Today's resources are also focused on service coordinators to help to ensure medical care, jobs and job training and social services for people in shelters so that they can have the opportunity to secure and maintain a home. Finally, today's resources are focused on expanding the supply of affordable housing and providing tools, such as security deposits and rental assistance to make that affordable housing available. And while all of these efforts are under way, services to people living in shelters are being maintained and expanded.

California's task force report contains equally articulate "opportunities for action," including emergency services (10 recommendations), transitional programs (7 recommendations) and housing production (4 recommendations) which have seen significant realization since April 1985 when the report was written. Georgia's 1987 Special Study Committee report is also very explicit, but many of the programs have not yet been authorized or funded.

Legislative Primers

In two of the states we visited, special "primers" had been prepared by legislative offices to inform state legislators about the problem of homelessness and state efforts. Wisconsin's version was produced by the Legislative Reference Bureau. Entitled "The Homeless: A Primer," it covers the issue of estimating numbers and available state estimates, the nature of homelessness today, demographic characteristics of the homeless, and recent state and national efforts to combat homelessness. California's legislative briefing materials are included as part of a legislative document, "The 1988-89 Budget: Perspectives and Issues," produced by the Legislative Analyst's Office. It covers the same basic information as Wisconsin's, reviews California's state-funded programs, and discusses decisions that the Legislature will need to make regarding the allocation of state funds to the homeless in the coming year.

Special Studies

Two of the states we visited, Georgia and New Mexico, had no special studies. Two states, Connecticut and Ohio, each had conducted or commissioned one special study; Wisconsin had two. We collected four special studies in California, conducted under a variety of auspices.

The Connecticut study, which resulted in a set of health standards for shelters, is described later in this report in the section on Service Standards. The Ohio and Wisconsin studies cover the topics of SRO housing availability and the mental health status of homeless persons.

Ohio--Statewide Survey with Mental Health Focus

The Ohio Department of Mental Health conducted a statewide study of the homeless in 1984, under a grant from the National Institute of Mental Health.

The report of that study, titled "Homelessness in Ohio: A Study of People in Need" (February 1985), is an extensive discussion of study results. The authors, Dee Roth (Chief of the Department's Office of Program Evaluation and Research) and her colleagues, have used the study's findings in various ways to influence policy. The study: (1) described the characteristics of homeless people in Ohio, with particular attention to mental illness; (2) examined whether and how mental health policies and deinstitutionalization efforts may have contributed to the homeless population. In addition, the researchers wanted to determine whether homeless people themselves and service providers shared the same perceptions of their circumstances and needs, and whether the characteristics and functioning of the homeless varied on the basis of a number of personal differences (urban-rural, region in the state, type of homelessness, transience, and mental health status). The researchers interviewed key informants about the best ways to locate homeless individuals, the homeless themselves, and service providers in community mental health agencies and state psychiatric hospitals. This is a thorough and thoughtful study, and has received widespread attention as the only truly statewide survey available. In addition to its other contributions, it is one of the only studies in existence that collected data from a rural homeless sample and analyzed their results along urban-rural lines (the Rand study in California, described below, is another).

Wisconsin--Statewide Assessment with Mental Health Focus

Wisconsin's Department of Health and Social Services, Division of Community Services, commissioned a study (Concord, 1986) of the sheltered homeless in Wisconsin, plus policy papers on Wisconsin's homeless, policy issues in developing a state plan for the homeless mentally ill, and a coordinated approach to housing the homeless mentally ill. The report begins by putting today's homelessness in Wisconsin into a national and temporal context, reviewing the treatment of the homeless and the mentally ill from 1838 to the present.

The researchers sent a survey to all known providers in Wisconsin, seeing their comments and opinions on the major unmet needs of the homeless and their recommendations for how to meet those needs. In addition, the questionnaire asked detailed questions about the operating procedures of the providers (hours of operation, clientele, referral sources), on the number of nights of shelter they provide and clients' average length of stay, and on the mechanisms they use to give shelter. Mechanisms included operating a shelter, supplying vouchers, and preventing homelessness through assistance with emergency rental, utility, security deposit, or intervening with landlords to prevent eviction. The questionnaire also collected information from providers about their clients' characteristics, including age, race, sex, income source, and presence of disabilities (mental, physical, substance abuse). The survey results provided the first statewide overview of the homeless populations and available services in Wisconsin.

Wisconsin--SRO Housing

At the behest of the state legislature, the Wisconsin Housing and Economic Development Authority, Wisconsin's housing finance agency, commissioned the University of Wisconsin-Milwaukee to conduct a study to determine the availability of SRO housing in Wisconsin and its ability to house the homeless population. The study was conducted in all municipalities in the state's 13 SMSA's, and found that the state's homeless (as estimated by the study's informants) exceeded the available SRO housing units by about 25 percent. This is a conceptually interesting study, but: the key informants chosen were the Building Inspectors for the municipalities, it is unclear whether "SRO housing" was ever defined in the request for information. It is also unclear what sources of data, if any, the Building Inspectors might have had on the number of homeless persons in their municipalities, although one respondent mentioned that additional follow-up was provided through contacts with local church groups and human services agencies having contact with the homeless. These problems with study methodology make the results somewhat less useful than they might otherwise have been.

California--Nutrition of Homeless Children

The California/Nevada Community Action Association undertook a survey of shelters in February 1988 to determine what proportion of California's shelter beds are occupied by children, what proportion of eligibles are participating in WIC and the school lunch program, and how many shelters offer day care for single parents. 420 shelters were surveyed, and 131 responded, including both urban and rural providers. Results reported include that: 35 percent of shelter residents are 18 or younger (13 percent are 5 or younger); 15 percent of shelters do not provide any meals; only 14 percent had residents receiving WIC, and only 13 percent had children participating in the school lunch program (apparently because very few are in school at all); less than half of the shelters participate in the Charitable Institutions Commodities Food Program.

California--Homeless Mentally Disabled (Rand)

Under contract to the California Department of Mental Health, Georges Vernez and his colleagues at the Rand Corporation have recently completed an extensive review of California's program for the homeless mentally disabled. In addition, they have conducted county-wide surveys of the homeless in three California counties using the methodology developed by the National Opinion Research Center for its study of Chicago's homeless for producing population estimates. Alemeda County is urban, poor and heavily minority (40 percent); Orange County is urban-suburban, 78 percent white, and affluent; and Yolo is a rural Northern California county near Sacramento with a mostly white population (81 percent).

The report contains the results of the homeless survey in the three counties, including estimates of the numbers of homeless and of the numbers of severely mentally disabled homeless, characteristics of the people interviewed, and their patterns of service use. It also contains extensive descriptions in the three counties of the Homeless Mentally Disabled programs (supported by approximately $20 million in state funds annually since 1985-1986), and summary descriptions of similar programs in the other 14 counties that where they have been developed. The study is quite extensive, uses sophisticated methodology for its surveys of the homeless in three counties, and contains much useful information about the ability of existing programs to assist the homeless mentally disabled. It concludes with a discussion of the gaps in the continuity of care for this population and of ways to improve service delivery.

California--Homelessness and Housing

The California Council on Partnerships--an organization that promotes government, non-profit and private sector cooperation to address many issues--sponsored a Homeless and Housing Roundtable series in the fall of 1987, and published a report on its results. The roundtables included elected officials, corporate executives and the managers and staff members of non-profit housing and social services agencies. Their purpose was to "draw an overview of the issue, to identify major hurdles to correcting critical problems and to suggest positive examples of programs that offer effective solutions." Each section of the report concludes with a "model for partnership" that is an example of public/private/non-profit cooperation to develop novel solutions to the problems identified. The report identifies segments of the homeless population as the "have-nots," the "can-nots" and the "will-nots," and suggests that different programs may be appropriate in addressing the needs of each. The "have-nots" may be able to re-enter the mainstream through participation in transitional programs of literacy, job training, and other skill development. The "cannots" will probably require continuing support. The last group (the "will-nots") is the most difficult to design programs for, according to the report, since it may consist of those relatively rare individuals who truly prefer a transient life, together with many more whose mental condition may make it difficult for them to accept services despite great need. The report focuses on the benefits, in terms of political muscle, of successful partnerships, and describes the roles for each element (government, business, non-profit, volunteer/citizen) in creating a partnership that makes a difference to its community.

California--County Responsibilities and Response

The County Supervisors Association of California (CSAC) established a Homeless Task Force in 1985, composed of ten county supervisors and representatives from ten CSAC affiliate organizations (e.g., California Conference of Local Mental Health Directors, County Health Care Administrators Association, County Planning Directors Association). The Task Force surveyed California counties to review county-administered human service programs as they relate to homeless persons, to identify and evaluate service gaps, and the develop recommendations for improved service linkages and/or specific new programs.

The Task Force report summarizes: major federal and state programs that have been used to fund services for the homeless; the affiliate organization reports; the answers of the 30 counties that responded to the Task Force survey. The survey asked what homeless services the county supported with its own funds, county staff activity with the homeless, the probable number of homeless in the county, and whether the county had regulations affecting the homeless, a specific segment in the County (or City) Plan regarding the homeless, and a completed or anticipated needs assessment. Seventeen California counties could actually provide the Task Force with an estimate of numbers, and 12 counties had written reports on some aspect of homelessness in their jurisdiction. When comparing this amount of activity at the county level with what we found in other states, California counties appear to be well ahead of most counties elsewhere.

Comprehensive Homeless Assistance Plans

Comprehensive Homeless Assistance Plans from the six states visited were reviewed to determine if they contained any new information or analysis in addition to responding to the required elements of the application. None of them did contain new information, although several of them summarized, referred to or appended other studies and reports, the most important of which have been reviewed above.

Training and Technical Assistance

The types of training and technical assistance available in the six states we visited varied greatly depending on which agencies were involved in supporting programs for the homeless, and the extent of their involvement. The most common type of technical assistance pertained to information about funding sources, and is described below under "Conferences and Forums."

In California each agency with a homeless program determines what kind of technical assistance it will provide. For instance, the state's Department of Mental Health says it provides leadership and technical assistance to those counties experiencing start-up difficulties with the state-funded homeless mentally disabled (HMD) programs. While several agencies said they gave technical assistance, several non-agency respondents felt that the technical assistance was minimal. They also felt that the state was probably not the best source of technical assistance, but that state agencies could offer the financial or logistic support to enable experienced service providers to help the less experienced with specific problems. One concern expressed was that providers could benefit from assistance with applications for grant monies, since many good programs were perceived to have lost competitive grants because they did not have experience with filling out applications.

In Connecticut, the Departments of Housing and of Human Resources both give fairly extensive technical assistance. The Department of Housing gives technical assistance on applications, resources and program development. It does trainings and workshops to help providers develop ideas for programs. It facilitates trainings using people who have already developed successful programs. It spends a lot of time helping construction people become aware of the special needs of the homeless population and other specific population groups. Much of the department's contact with non-profits is through the Homeless Coalition.

The Department of Human Resources offers providers technical assistance through its grants administrators. Each grants administrator covers about 20 shelter providers, and up to 30 separate grants (e.g., emergency shelter, case coordinators, transitional housing, security deposit program). They spend approximately half of their time in the field, visiting providers. They help providers with procedures, requirements and regulations of the department, and with grant applications. After a program is up and running, the grants administrators continue to visit to see if the programs are running smoothly, providing appropriate services, and if they have needs that the state might be able to help with.

One of the grants administrators gave three examples of specific on-site technical assistance. The first involved a shelter for single people consisting of one large room. Men slept on one side and women on the other, with no separation for privacy or safety. The grants administrator discussed this situation with the provider, helped the provider negotiate with the town to comply with town building and safety codes, and offered state financial support if necessary to pay for the partition (this turned out not to be necessary). The second example involved two case coordinators who were not keeping appropriate records of the services they gave. She has pushed the need to maintain accurate records, and has also insisted that the records be kept locked to protect client confidentiality. She has also taught the case coordinators how to prepare the reports they must submit every 6 months. Third, she regularly checks to determine that case coordinators are appropriately administering the Security Deposit Program. Since there is significant turnover among case coordinators, the grants administrator assures that new staff receive the training necessary to maintain program integrity.

In Georgia there has been little training or technical assistance to date, and most of the knowledgeable people who might provide it are in the private sector rather than in state government. In the area of mental health there has been some in-service training on risk management and new state standards of treatment. Generally, direct service providers often have little training. To some extent the lack of technical assistance was seen by respondents as related to the lack of funding for the administration of state and McKinney money. It was mentioned that if more on-site time were possible, technical assistance could be provided on homelessness, assistance in preparing for financial audits, teaching volunteers to keep records properly, and similar issues.

In Ohio most respondents said the state provides technical assistance on an as needed basis. Frequently referrals are made to the Ohio Coalition for the Homeless for technical assistance; in fact, this agency is negotiating with the state to be funded for some of its technical assistance activities. Several agencies also noted that site visits were times when technical assistance is provided. Local providers in Cleveland, where we interviewed at this level, were not necessarily concerned with receiving technical assistance from the state, unless it concerned grant applications. They felt that there was little the state could tell them.

The Wisconsin statewide conference, described below, was that state's most comprehensive attempt at substantive training and technical assistance. Also in Wisconsin, experienced providers, often from Milwaukee agencies, offer support, encouragement and specific technical assistance to agencies around the state in developing and maintaining services for the homeless.

Conferences and Forums

Conferences and forums pertaining to homelessness occur under many auspices, and for many purposes. The most common state agency activity that could be construed as a conference was strictly funding-related. State agencies called special meetings or presented special sessions at conferences sponsored by other organizations, to describe for providers the availability of different funding sources and the procedures and requirements for making application. These meetings could more correctly be called "group technical assistance" than conferences, since their primary purpose was to inform providers about the different state and federal funding streams that were available, what activities could be covered by each funding stream, deadlines for application, who was eligible to apply, what application procedures to follow, who to contact for further assistance, and potential available sources for matching funds (if the state had any). State agencies in most of the six states visited held this type of meeting.

Among our six states, only in Wisconsin did a state agency sponsor a statewide conference on homelessness for the purpose of networking, learning, and program development. The Department of Health and Social Services, which is the lead state agency on programs for the homeless, put on a 1 1/2 day conference, "Confronting Homelessness in Wisconsin" in May 1988 for all agencies providing services to the homeless and other interested parties. The program included five rounds of concurrent workshops, organized in three tracks (for direct service providers, program and shelter managers, and the general public). The conference also included a keynote address, a final panel discussion on confronting homelessness and what to do about it, and an organizational meeting to form a state coalition for the homeless. Direct service providers were offered topics such as assessing the needs of residents including the special needs of children and their families, creative ways to link homeless persons with community resources, and managing conflicts within shelters. Program and shelter operators were offered workshops on personnel and client issues, security and building management, accessing the mental health system, and innovative financing. The general public heard sessions on creative approaches to housing the homeless, developing and managing transitional housing, problems in serving the chemically dependent homeless, the role of the media and the public in finding solutions to homelessness, and the role of job training and education in helping the homeless. By all reports the conference was well-received; it provided much-needed opportunities for networking, and the opportunity to share essential information among service providers.

Other information gathered about conferences is presented on a state-specific basis. In California, the state does not sponsor any general conferences on homelessness. Since so many private agencies and coalitions did hold conferences, there was some feeling that the state would be duplicating effort if it did so. The California Coalition for the Homeless holds an annual conference and other groups, such as the California/Nevada Community Action

Association, hold conferences from time to time in which homelessness is one of the topics on the agenda. Further, there are local conferences, or conferences on specific issues. For example, the San Francisco Department of Mental Health held a conference on the homeless mentally ill, and the Los Angeles United Way organized a "summit on homelessness" in Los Angeles, pulling together representatives from the business, private non-profit and government sectors.

Also in California, some specific agencies hold conferences for their grantees. The Department of Economic Opportunity holds conferences and work groups with their provider agencies on a regular basis. Work groups meet four times a year to provide technical assistance and to discuss issues of concern to the grantees. The Office of Criminal Justice Planning holds an annual conference on homeless youth and runaways for its grantees and other interested individuals. Grantees of the Victims of Domestic Violence program are required to attend two conferences a year, both of which offer training in assisting victims of crime.

In Georgia, the Atlanta Task Force on the Homeless convened a conference on housing, which led to the creation of SRO Housing, Inc., a non-profit developer of transitional housing.

In Ohio the Coalition for the Homeless has held 3 conferences in the past 4 years. The Coalition, a private group, is the organization primarily responsible for statewide conferences on the homeless. The state has held only training sessions for individual grant programs. The provider agencies represented at our meeting in Cleveland suggested that the state would be better off investing its money in programs rather than conferences. In addition, these providers would be most attracted to a conference with a very specific focus on a difficult problem, such as public inebriates.

Service Standards

None of the six states visited has imposed mandatory statewide facility or service standards on shelters or other services for the homeless. In three states (California, Connecticut and Wisconsin), there is the expectation that buildings used for shelter will meet local life safety codes. However, the perceived need for shelters is such that shelters have not been shut down for code violations. California facilities must be up to code to get state funding, and all three states with the expectation that shelters will meet local building codes offer assistance as part of their state-funded shelter grant programs to permit shelters to bring noncompliant facilities up to code.

None of the six states require shelters to have program licenses.[7] In fact, California's Department of Mental Health recently had to obtain a waiver of a law that said that mental health workers could not place a mentally disabled client in an unlicensed facility so that the department's workers could refer homeless mentally disabled clients to shelters. Prior to the waiver, there had been debate about whether the shelters would have to become licensed as community care facilities for the mentally disabled in order for a mental health worker to place clients there.

Although they do not have formal enforced standards, recommended guidelines have been produced in two states, Connecticut and Georgia. Connecticut's

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[7] A *program* license certifies that some type of active care or service is available that is appropriate to the type of people housed in the facility, in addition to room and board (e.g., a group home, community care facility for the mentally disabled, detoxification center). A *facility* license simply testifies that the physical plant meets building codes and the procedures for sanitation and food handling meet appropriate standards (usually those for hotels and restaurants).

"Protocol and Health Guidelines for Homeless Shelters" is a joint effort of the Department of Human Resources, the Department of Health Services, local health directors and shelter providers. State agencies expect that shelters will use the guidelines to the extent possible, but the state relies on voluntary compliance and technical assistance rather than on an inspection and deficiency approach to help shelters maintain adequate standards. Connecticut's protocol addresses three goals: (1) develop a uniform protocol on health services delivery and referrals in the shelter; (2) identify the health needs of shelter staff and guests; and (3) establish recommended sanitary and safety guidelines for shelters, including food storage, preparation and handling. The protocol covers minimum recommended standards, good sanitation practices for shelters, staff health issues, procedures to prevent disease transmission, information on specific diseases, guidelines for handling body fluids, guidelines for health assessments, services and referrals for clients, and health hints for proprietors of eating places, plus ten health hints for food handlers. The protocol is an extremely useful document for service providers, and could easily serve as a model for use by other jurisdictions.

In Georgia, the Atlanta Homeless Task Force has issued a four-page set of guidelines to be followed at a provider's discretion. These guidelines include standards for the facility in terms of space; hygiene; provision of food and bathroom facilities; discussion of the concept of hospitality; access to transportation or the provision of it; suggestions for policies regarding capacity, length of stay, and determination of priorities for guests; organizational structure; the care and training of volunteers; suggestions for expanded facilities (e.g. washer and dryer, phone privileges, private storage areas); and suggested rules regarding alcohol, smoking, violence and so forth. Clearly the Atlanta provider community is trying to establish its own standards.

VI. SUMMARY AND CONCLUSIONS

Because homelessness is a complex phenomenon and addressing the needs of the homeless involves many types of resources, states have developed coordinating councils, task forces and working groups to facilitate program development. Sharing information is the primary activity of these coordinating bodies, none of which have any power to direct a member agency or organization to do something. Coordinating group members discuss, plan together, persuade, and bargain with each other (e.g., one agency offering to support part of a project if another agency will support the other part) to create programs for the homeless. Only in Connecticut did respondents perceive the state as taking leadership in developing services for the homeless; in other states the coordinating bodies emerged in response to pressure from the private efforts of advocates and provider coalitions, or in response to the McKinney Act's requirement that states submit a Comprehensive Homeless Assistance Plan before being eligible to receive shelter/housing assistance under the Act.

This review of state activities in six states reveals that the level of state commitment of resources and the range of programming differs greatly from state to state, even among states selected because they were thought to be quite active in programming for the homeless. Fiscal year 1987-88 resource commitments range from $58.9 million in state funds in California down to $175,000 in state funds in New Mexico. However, since states also differ in the resources they have available, another way to look at the level of their funding commitment to the homeless is to ask what they are spending for the homeless in relation to their total population. On this measure Connecticut spends the most, at $13.83 for every person in the state; California follows at $2.27. In the other four states, Ohio spends $0.54 per person, Wisconsin spends $0.23, Georgia spends $0.15 and New Mexico spends $0.12 in state funds per person.

The states visited have developed many imaginative state programs for the homeless. Connecticut appears to have the most extensive variety of shelter, transitional housing and permanent low-income housing programs, and also the most coordinated view of the shelter-housing continuum and the role of housing affordability in the creation and maintenance of a large group of homeless people. California and Ohio have the most extensive and best-funded programs focusing specifically on homeless persons with chronic mental illness. Programs providing health care for the homeless in all states demonstrate the need of the homeless for a wide range of health care and the ability of programs to reach many homeless people through extensive outreach efforts to deliver this care.

Many programs for the homeless exist, but many more are needed, in the perceptions of most people interviewed during this research. No one believed that there was a serious danger of duplication of services; everyone saw federal efforts through the McKinney Act as necessary and welcome. In addition, such efforts often served as a spur to state action (in two of the states, New Mexico and Georgia, for the first time).

The lack of housing affordable by the poor was cited everywhere as the overarching gap creating homelessness and making the transition out of homelessness difficult. The "housing gap" arises when the price of housing exceeds a reasonable proportion of the household incomes of many households--especially poor households. Solutions to homelessness often address different ways to close the housing gap, including:

- o creating more low-income housing units.
- o Subsidizing low-income households through vouchers or other programs so they can afford the available housing.
- o Raising the levels of public benefits to approach the cost of housing.

- Raising the minimum wage so that workers can afford housing.
- Increasing the educational levels and job skills of homeless and potentially homeless persons so they can earn enough to afford housing.
- Increasing the program enrollment and levels of public support for disabled people so they can afford both housing and needed support services.

Coordination of services for homeless adults was seen as a serious need, as was virtually any type of service or program for homeless children. Coordination and case management are especially needed because the application requirements of numerous public benefit programs frequently prove to be barriers to participation for otherwise eligible homeless persons. Documentation is often the most difficult part of applying for benefits for homeless people, who may not have picture identification, birth certificates and other proof of identity and residence that homed people take for granted. In addition, many homeless persons may not have the perseverance necessary to learn which offices to go to, where the offices are, when they are open, and how to get there. Also, they may not readily be able to comply with requests to "return next week" to complete the application process. The help of a case manager is often essential in assuring that homeless people get the benefits for which they are eligible.

Numerous barriers to developing programs for homeless people still exist. Some are specific to the McKinney Act. These include its heavy focus on bricks and mortar for emergency shelters, its extremely limited provisions for operating costs and staffing, its relative lack of focus on serious prevention efforts, and its patchwork structure of grants, programs and applications that makes systematic planning and program development difficult. Since states and localities are at very different levels of service development with respect to homelessness, a block grant approach would seem to make the most sense. Needed services and programs shift quickly at the local level as certain basic needs are met and providers move on to tackle the harder problems of long-term solutions. Congressional processes are too slow and federal laws too cumbersome to respond with sufficient flexibility to the different needs of jurisdictions at very different points in program development.

Other barriers to program development include state constitutional restrictions (e.g., state agencies not allowed to invest money in housing; no state funds allowed to go to religious entities; no state funds allowed to be carried over from year to year). Resistance of neighborhoods and local jurisdictions to low-income housing developments also hinders the creation of more affordable housing.

Attitudes also constrain program development, either for the homeless in general or for specific types of homeless persons. Attitudes that homelessness "doesn't happen here," or only happens "in the big city" often result in inadequate services outside of a state's principal city. When homeless people from other areas in the state subsequently migrate to that city perceptions are reinforced and the burden of services increases in the city itself. Another attitude present in some states is that homelessness is primarily a mental health problem. Programs for the chronically mentally ill have been developed, but less attention has been paid to homeless persons with other problems.

Our findings suggest that significant creative program development is occurring at the state level, both with state funds and federal funds. McKinney Act funds have definitely stimulated and increased the level of state activity directed toward the homeless. Where state leadership exists, comprehensive program development is underway; where state leadership is lacking, relatively little is being done with state support and the hurdles facing potential program developers are greater. The federal government could support state efforts more by modifying the provisions of the McKinney Act to allow greater flexibility, coordination across programs, and responsiveness to local needs. A block grant approach should be seriously considered.

REFERENCES

California Council on Partnerships, "Roundtable Panels on Homelessness and Housing: Final Report." Sacramento, CA: California Council on Partnerships, May 15, 1988.

California Department of Housing and Community Development, "A Study of the Issues and Characteristics of the Homeless Population in California." Sacramento, CA: Department of Housing and Community Development, April 1985.

California/Nevada Community Action Association, "Legacy: A Report on the Survey of California's Shelters and the Implications for the Nutritional Status of Homeless Children." Sacramento, CA: CAL/Neva CAA, May 1988.

Concord, Clare Stapleton, "Homelessness in Wisconsin: Current Situation and Future Prospects." Madison, WI: Urban Information Consultants, July 1986.

Connecticut Department of Human Resources, "People without Homes: The Problem and the Response." Hartford, CT: Department of Human Resources, February 1988.

CSAC Homeless Task Force, "Report of the CSAC Homeless Task Force." Monterey, CA: County Supervisors Association of California, October 1986.

Food and Nutrition Service, USDA. (April 1987) "A Study of The Temporary Emergency Food Assistance Program: Report to Congress." Washington, DC: U.S. Department of Agriculture.

General Accounting Office. (1987) Homelessness: Implementation of Food and Shelter Programs Under the McKinney Act. Washington, DC: General Accounting Office, GAO/RCED-88-63.

Governor's Task Force on the Homeless, "An Action Plan to Address the Needs of the Homeless." Hartford, CT: Office of Policy and Management, January 1986.

Governor's Task Force on the Homeless, "Final Report." Hartford, CT: Department of Human Resources, February 1985.

Homeless Task Force, "Report to the 37th Legislature, State of New Mexico." New Mexico Human Services Department, December 1986.

Legislative Analyst's Office, "State Programs to Help the Homeless." Section in California legislative document, "The 1988-89 Budget: Perspectives and Issues." Sacramento, CA: California State Legislature, March 1988.

Legislative Reference Bureau, "The Homeless: A Primer." Madison, WI: Wisconsin State Legislature, January 1987.

Piliavin, Irving, Michael Sosin and Herb Westerfelt. (1987) "Tracking the Homeless." Focus, 10(4), Winter 1987-1988, 20-25. Madison, WI: University of Wisconsin-Madison Institute for Research on Poverty.

Roth, Dee, Bean, Jerry, Just, Nancy and Saveanu, Traian. Homelessness in Ohio: A Study of People in Need. Columbus, OH: Ohio Department of Mental Health, Office of Program Evaluation and Research, February 1985.

Special Study Committee on the Problems of the Homeless in Georgia, "Homeless in Georgia." Atlanta, GA: Special Study Committee, December 1987.

Vernez, Georges, Burnam, M. Audrey, McGlynn, Elizabeth A., Trude, Sally and Mittman, Brian S., "Review of California's Program for the Homeless Mentally Disabled." Santa Monica, CA: The Rand Corporation, February 1988.

White, Sammis B. and Sepecki, Joan, "Final Report: SROs and Homelessness in Metropolitan Wisconsin." Milwaukee, WI: Urban Research Center, University of Wisconsin-Milwaukee, August 1987.

APPENDIX A

PERSONS INTERVIEWED DURING SITE VISITS

CALIFORNIA
Persons Interviewed During Site Visits

A. State agency representatives

Department	Persons Interviewed	Title
Health and Welfare Agency	Margaret DeBow	Assistant Secretary Program and Fiscal Affairs
State Department of Employment Development Placement and Job Search Assistance Group	Dick Larsen	Supervisor
Department of Education Compensatory Education Office	Hannah Walker	Manager, Programs for Homeless Children
Department of Education	Edda Caraballo-Browne	Consultant, Adult Education Program Services
Department of Economic Opportunity	Theresa Speake Jeannette Salter Beth Gould	Deputy Director CSBG Manager Legislative Coordinator
The Resources Agency California Conservation Corps	Patrick Couch Mark Rathswohl	Planning Director Associate Governmental Program Analyst
Department of Alcohol and Drug Programs	Richard Bayquen Susan Blacksher Brian Lear	Chief Deputy Director
Department of Finance - Health and Welfare Unit	Diane Cummins	Assistant Program Budget Manager
Department of Health Services Office of AIDS	Peggy Faulkner	
Department of Housing and Community Development	Julie Stewart Steven Jenkins Steven Mabs	Assistant Director for Public Affairs
Military Department	Lt. Colonel Fred Gage	
Office of Criminal Justice Planning Juvenile Justice Branch	Doug McKeever	Senior Program Specialist

Department of Social Services Welfare Policy Development Branch	Steve Larsen Lynne Yoshimura Phil Noble Linda Pasley	Chief
Department of Mental Health Community Programs Special Populations Branch	Walter Watson	Mental Health Program Specialist
Legislative Analyst's Office	Carla Javitz	Legislative Analyst
Department of Veteran's Affairs	Richard Raine	Special Projects Manager

B. Representatives of non-state agencies

Agency	Persons interviewed	Title
County Supervisors Association of California	Barbara Shupnick	Chair
California Church Council	Glen Holman	Executive Director
California Homeless Coalition	Heather Andrews	Director of South Area Emergency Housing Center in Sacramento
CAL-NEVA Community Action Association	Catherine Camp	Executive Secretary
United Way of California	Herb Paine	Executive Director

C. Representatives of San Francisco agencies

Agency	Persons interviewed	Title
HUD Region IX	Kay Valory	Special Assistant to the Regional Administrator
Office of the Mayor - San Francisco	Robert Prentis	Homeless Coordinator
Larkin Street Youth Center	Jedd Emerson	Director
HUD Region IX-ESG Program	Joel Posner	
Hospitality House	Robert Tobun	Director

San Francisco Department of Mental Health	Linda Wang	Director, Adult Community Services
Single Room Occupancy Residence for Homeless Persons with AIDS and ARC	Kevin Gogin	

D. Executives of Exemplary Agencies

Agency	Persons interviewed	Title
The Weingart Center Los Angeles	Maxene Johnson	Director

CONNECTICUT

A. State agency representatives

Department	Persons Interviewed	Title
Department of Human Resources Bureau of Grants Management	John Pickens Blanca Lopez William Hurley Elliot Ginsberg	Bureau Director Grants Administrator Director for Evaluation and Review Commissioner
Department of Housing	Mary Young	
Department of Mental Health	John Doyle	Director, Community Support Programs
Department on Aging	Ida Arbitman	Ombudsman
Department of Income Maintenance	Mary McCashin	
Community Action Agency Community Renewal Team	Paul Puzzo	
Department of Education	Bob Blesh Barbara Schiller	
State Legislature	Lee Vohgel	Legislative Analyst
Homefinders Program - New Haven	JoAnn Diglio	

B. Non-government, statewide

Department	Persons Interviewed	Title
Connecticut Coalition for the Homeless	Mary McAtee	Executive Director
Connecticut Coalition Against Domestic Violence	Ann Manard	Executive Director
My Sister's Place	Judy Beaumont	provider and member of State Task Force and Connecticut Coalition for the Homeless

B. Representatives of Hartford agencies

Department	Persons Interviewed	Title
McKinney Shelter	Susan Tuller	Case Worker
State Community Development - City of Hartford	Marion Eichner Linda Baer	
Department of Mental Health	Ray Gorman	Assistant Regional Director
University of Hartford - Health Care Program	Barbara Witt	
Community Mental Health Center	Stuart Forman Barbara Bishop	Medical Director
House of Bread (transitional housing and soup kitchen)	Sr. Maureen Faenza	
Governor's Task Force on Homelessness	Brad Davis	Member
Health Care for the Homeless projects	Michael Martino	Coordinator

GEORGIA

A. State agency representatives

Department	Persons Interviewed	Title
Department of Human Resources	Herschal Saucier Don Mathis	Federal Liaison Budget Officer
Primary Health Care Section	Noble Maseru	Director
Mental Health/Mental Retardation/Substance Abuse	Larry Walker	
Georgia Residential Authority	Terry Ball	Manager, Special Housing Projects
	Rusty Sevall	Board Member; Executive Counsel to the Governor of Georgia
Mental Health Association	Bill Holland	
Department of Education - Adult and Immigrant Education	Dr. Evelyn Turner	Director
HUD Region IV	Charles Clark	Coordinator
U.S. Department of Labor Employment Services	Ed Fortsen	Assistant Commissioner
Department of Education	Dr. Ellouise Collins	Specialist
State Legislature Senate Research	Debra Elovich	
Department of Mental Health	Larry Walker	

B. Representatives of Atlanta agencies

Department	Persons Interviewed	Title
Task Force for the Homeless	Anita Beaty	Co-Executive Director
South Atlanta Land Trust	Barbara King-Rogers	Director
Eviction Protection/Furniture Bank	Tom Polk	Director
Fulton County Community Development	Gary Tyler	Assistant Director
SRO Housing Inc.	Steve Cleghorn	Director

Central Atlanta Progress	Dan Sweat	Consultant and Former Director
Office of Grants Management	Joan Dokson	
Mayor's Office of Community and Citizen Affairs	Connie Curry	Director
Salvation Army Metro Atlanta Social Services	Jeff Batchhelder	

NEW MEXICO

A. State agency representatives

Department	Persons Interviewed	Title
Human Services Department	Dorian Dodson Paula Maglione	
Human Services Department - Emergency Homeless Program	Cathy Hamilton	
Health and Environment - Mental Health Bureau	George Wallace	
Housing Authority	Kathy McCormick	

B. Representatives of Albuquerque agencies

Department	Persons Interviewed	Title
City Department of Human Services	Michael Passi	
Health Care for the Homeless	Marsha McMurray-Avila	
Homeless Union	Helen Giron	
Alliance for the Homeless	Michael McKewen	

OHIO

A. State agency representatives

Department	Persons Interviewed	Title
Department of Mental Health	Maureen Corcoran	Assistant Deputy Director
	Grace Levis	Chief
	Tom Wood	
Policy, Analysis, Research and Development	Michael Schroeder	Chief
Ohio Department of Development - Office of Community Services	Susan Miller	
	Elizabeth Ross	Special Projects Coordinator
	Terry Wilkins	Chief
Ohio Housing Finance Agency - Permanent Housing for Handicapped Homeless Persons	Mike Dummermuth	Program Administrator
Housing Policy & Advocacy	Cindy Flaherty	Director
Department of Health	Milt Tennenbaum	Assistant Director
Bureau of Disability Determination, Rehabilitation Services Commission	Leonard Herman	Director
Department of Education - Division of Federal Assistance	Bob Michael	Consultant
Economic/Market Analysis, HUD District Office, Columbus	Jack Brown	Director
Governor's Office	Mary Haller	
Ohio Bureau of Employment Services	Margaret Turnbull	Acting Director
Department of Human Resources	Mike Caygill	Senior Policy Analyst
Ohio Coalition for the Homeless	Bill Faith	Director
Action for Battered Women, Ohio	Nancy Evans	Director

B. Representatives of Cleveland agencies

Department	Persons Interviewed	Title
Northeast Ohio Coalition for the Homeless	Sharon McGrow	
Health Care for the Homeless	Lisa Thomas	
Money and Mailboxes	Cathy Stienecker	
Red Cross	Linda DelMonico Sheryl Dickey	
United Way Services	Larry Kameya	
West Side Community Mental Health Center	John Corlett	
Northeast Ohio Coalition for the Homeless	Donna Hawk	
Transitional Housing Inc.	Loretta Schulte	
Eastside Catholic Shelter	Mary Frances Harrington	
shelter provider	Edna Graham	

WISCONSIN

A. State agency representatives

Department	Persons Interviewed	Title
Health and Social Services	Robert Neal Smith	Director
Office of Community Services	Mary Jane Day	Administrator
	John Verberkmoes	Evaluation Manager
Office of Mental Health	Sinikka McCabe	
Division of Children, Youth and Families	Mary Lauby	Director, Domestic Violence Programs
Community Housing Alternatives	Tom Hirsch	Program Director
Division of Health	Judith Nugent	
Department of Public Instruction	Hank Hendrickson	Coordinator, Homeless Children
	Lorraine Davis	Supervisor, Social Work Services
	Richard Roth	Chief, Pupil Services
Wisconsin Board of Vocational, Technical and Adult Education	Mary Ann Jackson	Consultant
Wisconsin Housing and Economic Development Authority	Marty Evanson	Grants Administrator
	Richard Longabaugh	Executive Director
Governor's Office	Camille Stephan	Aide
Governor's Council on Mental Health - Task Force on the Homeless	Dianne Greenley	Chair
	Tom Hickey	Chair; Director, Coalition for Community Heaalth Care
State Legislature	Richard Bogovich	Aide to Senator Robert Cowles

B. Representatives of non-governmental agencies

Department	Persons Interviewed	Title
Madison Urban Ministries	Lester Strom	Director, Drop-In Shelter, Transitional Housing, Inc.

C. Representatives of Milvaukee agencies

Department	Persons Interviewed	Title
Archdiocese of Milvaukee	Mike Soikka	public affairs
Community Advocates	Joe Volk	
Community Relations - Social Development Commission (CAP)	Tony Maggiore	
City Development Department	Edith Brown	

APPENDIX B

SEMI-STRUCTURED INTERVIEW GUIDE USED DURING INTERVIEWS WITH STATE OFFICIALS, LOCAL PROVIDERS AND OTHER KNOWLEDGEABLE INDIVIDUALS IN SIX STATES

SEMI-STRUCTURED INTERVIEW GUIDE USED ON STATE VISITS

I. State
Agency
Name of contact person
Title of contact person
Brief Description of person's responsibilities

1. Presence of coordinating agency or group in the state government

A. Is there a coordinating agency on homelessness in the state government?

1. When was it formed?
2. By whom was it formed?
3. What was the reason (the motivation) for its formation?
3. Who is the "director" - to whom is agency responsible?
4. Who is involved - (state agencies, a separate body...)?
5. What is its mandate - (collect information, develop housing strategies,
strategies for other needs of homeless, coordinate existing state efforts, organize private non-profit efforts....)?
6. Funding for agency - from where, how much, how used?
7. Is there any other organization in the state (outside of the state government) that coordinates efforts on homelessness around the state?

B. If there is no state government coordinating group, why not? Is there another group outside the government that is coordinating efforts?

2. History of Homeless Programs/Policies

A. What is the general history of homeless programs/policies in the state?

1. What were the first activities in the state concerning the homeless? Were these government efforts or private efforts?
2. Who were the key actors in getting support and involvement for homeless programs?
3. What were the major barriers to developing program or policy initiatives?
4. What has been the general trend in the state around the issue?
5. What legislation existed prior to July 1987?

3. Legislation

A. Has there been any State legislation adopted since July 1987 regarding homelessness?

1. When?
2. What is the content? (get copy of legislation if possible)
3. Who were the groups behind the passage of the legislation?
4. How has the legislation affected the homeless?

4. Policy initiatives

INTERVIEWERS ASKED THE QUESTIONS 4A - 4D FOR EACH OF ELEVEN PROGRAM AREAS, THE FIRST 8 OF WHICH ARE SPECIFIC FOCUSES OF THE MCKINNEY ACT -- SHELTER AND HOUSING (4-1), FEEDING PROGRAMS (4-2), MENTAL HEALTH CARE (4-3), HEALTH CARE (4-4), INCOME SUPPORT (4-5), JOB TRAINING (4-6), ADULT EDUCATION (4-7), EDUCATION FOR CHILDREN AND YOUTH (4-8), TRANSPORTATION (4-9), CHILD CARE (4-10), AND OTHER PROGRAMS (4-11). FOR EACH PROGRAM AREA THEY SOUGHT THE FOLLOWING SPECIFIC INFORMATION:

a. history (the legislation involved, the agencies or groups involved, the response in the communities)
b. services:
- **direct services**
- **outreach**
- **referrals to other programs**
- **training**
- **case management**

A. What Federal programs existed for the homeless prior to July 1987? (Following are several program areas. For each one please describe the history of the initiatives, the legislation involved, the agencies or groups involved, the response in the communities and finally, the services included.) **INTERVIEWERS: USE CARD 4-1 - 4-11**

B. What new Federal policy initiatives have been developed regarding homelessness?
(Following are several program areas. For each one please describe the history of the initiatives, the legislation involved, the agencies or groups involved, the response in the communities and finally, the services included.) **INTERVIEWERS: USE CARD 4-1 - 4-11**

C. What State programs existed for the homeless prior to July 1987?
(Following are several program areas. For each one please describe the history of the initiatives, the legislation involved, the agencies or groups involved, the response in the communities and finally, the services included.) **INTERVIEWERS: USE CARD 4-1 - 4-11**

D. What new State policy initiatives have been developed regarding homelessness?
(Following are several program areas. For each one please describe the history of the initiatives, the legislation involved, the agencies or groups involved, the response in the communities and finally, the services included.) **INTERVIEWERS: USE CARD 4-1 - 4-11**

5. Public Private Partnerships

A. Has the state collaborated with the private sector to assist the homeless?

   1. What is the nature of this collaboration - financial, technical assistance, joint programs and resources?
   2. Have these efforts been successful (have they been appropriately utilized, created opportunities for the homeless, been operating continually, how many individuals have been served, how many individuals would no longer be considered "homeless")?

6. Duplication of Services

A. Has there been any unnecessary duplication of services being provided, between different levels of government or different private organizations?

B. Has federal money substituted for previously spent state money?

7. Needed Services

A. Are there any programs not available in the state that you believe there is a need to develop? Are there any plans to develop new programs?

8. Funding for homelessness

A. State

   1. What is the total amount of State funding for homelessness?
   2. How much of this funding is used to "match" federally funded programs? What are the specific programs?
   3. Has the majority of funding been used to supplement or expand pre-existing programs or to develop new programs?

B. Federal

   1. How much federal funding given to state for homelessness? How are they administered and allocated?
      How have they been used?

C. Looking at all efforts in the state, are state and federal funds providing for majority of activities? (What proportion) Are state and federal efforts responsible for the majority of work being done for the homeless? What proportion?

9. Barriers to Services

A. Are there any major barriers that discourage homeless individuals from participating in services being provided - funding, legalities, etc.?

10. Case Management

A. Has any group (state, local or private) developed a system of tracking service recipients across services? For what purpose? Has it been evaluated?

   1. Who does the actual case management (social workers, case workers)?
   2. What is the client load and case load?
   3. How often are clients seen?
   4. How is the tracking conducted?

11. Barriers to Program Development

A. Are there any major barriers that discourage localities from participating in state programs? Are there any local ordinances that hinder local action?

12. Relations with localities

A. Are there any formal communications systems established between the state and cities, towns or counties throughout the state regarding homelessness?

   1. Are these for purposes of data collection, coordinating activities or stimulating activities?
   2. What are the systems?
   3. Are there any plans for expanding the current system?

B. Are there any formal communications systems established among cities, towns or counties throughout the state regarding homelessness?

   1. Are these for purposes of data collection, coordinating activities or stimulating activities?
   2. What are the systems?
   3. Are there any plans for expanding the current system?

13. Training and Technical Assistance

A. Has the State provided any training or technical assistance to localities or providers?

B. Has any coordinating group in the state (non-profit, private) provided these services?

14. Service standards

A. Has the State set standards for providers?

1. Do meal providers require a state health license or inspection?
   How often is it renewed?
2. Do shelters require a building inspection?
   How often?
   What is involved?
3. Are there any standards for the caregivers (licensing for social workers,...)?
4. Are there any sanctions set for non-compliance with the above standards?

15. Data Collection

A. Has the State conducted any direct data collection?

1. What type of data?
2. From whom (individuals, providers...)?
3. How was it collected (1-time survey, continuous reporting...)?
4. How was it recorded (computerized...)?
5. Is it available to the public?
6. How is the data used (press releases, education, lobbying...)?

B. Has the State coordinated/cataloged any private efforts of data collection?

same questions as under 15A.

16. Conferences and Forums

A. Has the State held or are they planning to hold statewide conferences or forums on homelessness?

1. When?
2. For whom?
3. For what purpose?